

MORAL DEVELOPMENT AND THE ETHIC OF CARE IN
POST-APARTHEID SOUTH AFRICA

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STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date

ABSTRACT

The transformation of South African society since 1994 provides a suitable opportunity to investigate moral development amongst undergraduate students in the Western Cape. The Ethic of Care Interview (ECI), a measure based on Carol Gilligan's theory of gender-related moral development and designed by Skoe and Marcia (1991), was administered to 26 undergraduate university students from three universities. The Mann-Whitney distribution-free test was used to analyse the data. From these findings it appears that young South Africans are struggling to make ethical decisions based on care for self and other; however, black females were found to score at significantly higher levels than any other group on the ECI. There were no other significant differences across gender or interview type (conscious and unconscious). Reasons for results obtained are discussed and suggestions for future research made. Finally, the ethic of care is considered in terms of its potential value for the present context.

OPSOMMING

Die transformasie van die Suid-Afrikaanse samelewing sedert 1994 bied 'n ideale geleentheid om morele ontwikkeling onder voorgraadse studente in die Wes-Kaap te ondersoek. Die “Ethic of Care” (ECI) onderhoud, 'n meet-instrument gebaseer op Carol Gilligan se teorie van geslagsverwante morele ontwikkeling, en ontwerp deur Skoe en Marcia (1991), is op 26 voorgraadse studente van drie universiteite toegepas. Die Mann-Whitney distribusie-vrye toets is gebruik om die data te analiseer. Van uit hierdie ondersoekbevindings blyk dit dat jeugdige Suid-Afrikaners dit moeilik vind om moreel etiese besluite, rakende dit etiek van omgee, ondervind; maar daar is bevind dat swart vroue beduidend hoër tellings op die ECI behaal het as enige ander groep. Daar was geen beduidende verskille tussen geslagte (mans en vroue) of tipe onderhoud (bewustelik en tydens hipnose) nie. Moontlike redes vir die bevindinge word bespreek en voorstelle vir toekomstige navorsing word gemaak. Ten slotte word die potensiële waarde van die “Ethic of Care” vir die huidige konteks, ondersoek.

This work is as the result of a research project, which is of the same extent of that
required for a master's thesis.

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USE OF RACIAL CATEGORISATIONS

The present research rejects the racism implicit in racial categorisation. Yet these categories have a specific reality in the South African context, and their use is therefore necessary. Where this is the case, the following categories are written in lower case letters: black, white, coloured. This is preferred to the regular use of inverted commas, or repetitive use of “so-called” as a prefix. When the term “black” is expressed (in inverted commas), reference is being made to all historically racially oppressed groups, and not just blacks per se. When quoting from original sources, however, that original categorisation (and written form of that categorisation) is retained. The terms Xhosa and English, for example, are used to indicate membership to that specific ethnic group.

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1. **Introduction and motivation for the study**

In 1999, at the Psychology Department of the University of Stellenbosch, this author was introduced to the Ethic of Care Interview (ECI) (Skoe & Marcia, 1991), a measure based on Carol Gilligan's (1982) theory of moral development. Moral development has been a relatively under researched component of identity in South Africa, particularly in the last four or five years. Considering that this country was described in 1992 by Ramphela (former vice-Chancellor of the University of Cape Town) as being in a state of social disintegration, individual development, which is at the heart of social development (Freeman, 1993), is of crucial importance. An aspect of this process will be the degree to which young South Africans can move away from an identity which has been integrally linked to "struggle" (Freeman, 1993, p 157) and which has developed under a policy of 'apartheid' (literally translated as separateness), and begin to develop a more positive personal identity that lends itself to social reconstruction. It is the view of this author that seminal to this process of social reconstruction will be the ability of young South Africans to care for both themselves and others in a context where past experiences may have been inhibitive of this very function.

Several authors have explored, for example, the effects of racism on South African society (for example, Bradnum, Nieuwoudt & Tredoux, 1993; Duncan, 1996; Duckitt & Foster, 1991; Duckitt, 1992; Smith & Stones, 1999; Swartz, 1991). A complex relationship exists between racism and identity formation in this country. Certainly, the scope of this present study could not begin to adequately explore the relationship between these two variables and moral development, for instance. Yet moral development is a highly salient issue in this country, and thus decisions regarding how to investigate the ethic of care have needed to be made. Freeman (1993), in his excellent study of the potential of youth to play a positive role in the transformation of South African society, notes that the identity of young people in South Africa has been linked to a conflict-ridden society. An attempt to investigate all the specific variables that may have played a part in the moral

development of youth in this South African society would incur far too broad a field of study. Further there is simply not enough research focusing on identity and moral development amongst South African youth. As far as this author is aware, no previous research using the ECI exists in South Africa, and precious little research on moral development has been done. Therefore, it has been decided to attempt rather to focus on more general themes and conditions that characterised the apartheid context. These themes and conditions will be discussed for the purposes of thinking about how the conflict-ridden society that Freeman (1993) makes reference to, may have influenced moral development in terms of the care perspective.

It is not the intention of this study to make definitive and generalised conclusions pertaining to the manner in which specific variables have influenced the use of a care perspective in the moral development of South African undergraduate students. Neither is it believed that this study will provide such clear insights. However, the restorative need for a mode of thinking about identity and moral decision-making that is based on a deeper, more honest concern for self and other is clear. Broader context-specific theoretical issues that need to be thought about in terms of their influence on the utilisation of care in thinking about self and other will be highlighted. These issues are discussed in chapter 2 of this study.

The need for the Ethic of Care Interview to be used amongst different cultural and ethnic groups is clear if an overview of its previous usage (Skoe, 1998) is consulted. What makes this instrument of particular importance to South Africa is that it may begin to guide psychological thought pertaining to the moral development of youth in this country. Thus it is intended that this study will provide the starting point for further, more extensive research using the ECI in South Africa. Furthermore, the ethic of care will be presented as a practical and philosophical tool which can be used to guide responses to the pressing need for social and economic programmes that focus on psychological

development (Freeman, 1993) of youth, to allow them to contribute to the positive development of a 'connected' South African society.

1.1 Rationale for this study

The basis for this study is that there may currently be a trend in South Africa that individuals are struggling to make decisions that are beneficial to both themselves and others. The root causes of this trend may be found in the socio-political history of this country, most particularly in the Nationalist government's policy of apartheid, or separate development. Unfortunately, there is very little research of a psychological nature investigating the adjustment of young people to democracy in South Africa (Finchilescu & Dawes, 1998), providing thus a unique opportunity to investigate adolescents in the present context.

It is the intention of this study to illustrate the numerous ways in which that policy may have contributed to the development of the trend suggested above. The Ethic of Care Interview (ECI), a care-based measure of morality, designed by Skoe and Marcia (1991), is advocated as a suitable measure for investigating the proposed phenomenon in a sample of undergraduate university students in the Western Cape.

The ethic of care is worth increasing consideration as conflict escalates around the world. Moral judgement, and how it is manifested, is of particular interest at this time in international history. In recent times the ways in which journalists, scholars and politicians negotiate their own positions on subjects such as the war in the Middle East, the American invasion of Afghanistan or the 2002 presidential election in Zimbabwe, are cases in point. As is common when a particular issue becomes a common topic of literary discussion, it becomes drawn into the realm of further psychological investigation.

The reassessment of South Africa's past through measures such as the Truth and Reconciliation Commission (TRC), has brought the issue of moral judgement right into the lives of many South Africans. The TRC has been referred to as playing the role of an ancient Greek theatre, which brings hidden concerns of both a social and political nature into the open (Swartz, 1998). These could be concerns of 'how did we do what we did?', or, 'How do we begin to think about ourselves and others now?'. People have been confronted through all forms of the media with many situations, of complex and varied circumstances, upon which they either willingly or unwillingly exercise their own individual moral judgement.

From individual to individual, the assessment of what was wrong and what was right is crucially important to how individuals in this country will make moral judgements in the future. There appears to be a renewed awareness among individuals of how they conduct themselves, and subsequently assess not only their own actions, but also the actions of others (Robertson, 1999). Through various channels, both official and otherwise, South Africa is attempting to nurture a culture of moral action based on the non-impingement or -infringement upon the rights of others (Personal communication, G. Robertson, July, 2001).

It is for these general reasons that the performance of moral judgement and the exploration of moral issues are of such interest in post-adolescence in this country. Young people find themselves under extreme pressure to do, and think about, what is 'right' in terms of action taken in their own lives. For many, the perceived or real consequences of not doing so, are severe. The HIV/AIDS pandemic is evidence of this. More South Africans are HIV positive than is the case in any other country in the world (LoveLife, 2001). In 2001 it was estimated that approximately four million South Africans were HIV infected (LoveLife, 2001), a number that will no doubt increase. However, young people

as a particular segment of the population are at the most exciting and yet complex stage of this country's development, perhaps more so than any other cohort.

Young South Africans are faced with the pressures of HIV/AIDS (Beake & Zimbizi, 1996), high unemployment and a struggling economy (Motsei, Moore & Goosen, 1996). In order to negotiate their way around these obstacles, individuals are imbued with countless contexts in which to both formulate and exercise their moral judgement, or to borrow from Skoe (1998), their own personal ethic of care. This is also the context in which youth need to cope with change constructively.

The primary aim of this study is to investigate moral development amongst undergraduate students in the Western Cape, using the Ethic of Care Interview, devised by Skoe (Skoe & Marcia, 1991). A few studies have investigated issues related to moral development in South Africa (Singh, 1997). Accordingly, the origins of this instrument following the work of Gilligan (1982), amongst others, need to be considered. Substantiation for this exploratory study is provided, and important philosophical and theoretical issues that may impact on the use of the caring ethic in South Africa will be discussed in the light of the two main variables of this study, gender and race. Literature pertaining to identity development, and specifically, moral development, is sparse in the South African context, thus necessitating a broader consideration of factors relevant to this study.

The secondary aim of this study is to begin to assess whether there is a difference in moral decision-making on a conscious and unconscious level, across race. The roots of moral reasoning, and the dynamics involved in the exercising thereof, have been assumed to involve unconscious elements in the individuals' personality since the work of Sigmund Freud (Freud, 1959). It is quite possible that depth psychology, with its ideas about preconscious awareness, unconscious motivation and unconscious conflict is far more relevant to the field and inner dynamics of moral reasoning than has been previously recognized. It therefore follows that the possibility exists that the effects of

apartheid have become embedded in some aspect of each individual's psyche. Morality has developed in the midst of larger historical processes, on both an individual, as well as a collective level (De Vos, 1995, 1998a).

On the basis of extensive clinical experience in the use of hypnosis, De Vos (1999a) has suggested that individuals under hypnosis often assess and respond to situations in their own lives in a different manner. The same author argues, based on humanistic and existentialist theory (De Vos, 1987a, 1987b, 1992, 1993a, 1993b, 1993c) that individuals under hypnosis appear to demonstrate a greater use of their own organismic experience. This would entail a heightened capacity to respond to stimuli that are internal, yet influenced by external sociocognitive factors. Oakley (1985, 2002) refers to this state as awareness.

In research that draws on Jungian theory concerning collective processes (Jung, 1964) that have influenced the people of South Africa, Bührman (1998) notes how the Xhosa peoples of South Africa have a strong connection to archetypes in comparison to white South Africans:

"I cannot help but conclude that these are a people who both succeed and excel in establishing and maintaining a living, vital link to important archetypal forces which we, as modern, western, civilised people have only begun to tap". (p 20)

Berg (1998) notes how archetypes (Jung, 1964) play an important role in the manner in which individuals of Xhosa origin organise themselves in relationship to other, and how relation to other is both emphasised and striven for. In the South African context it is clear that black females form the core of African tradition, due to their role as both householders and holders of community (Cousins, 1996; De Vos & Brown, 2000; Mompoti, 1996).

It is therefore of interest whether Xhosa South Africans, and especially the females of this group, where there is an emphasis on relationship (Bührman, 1981) and relatedness (Saayman, 1989), referred to at times as *ubuntu* (Busakwe, 1997; Schafer, 2000), will demonstrate a higher level of care for self and the other than will white South Africans. De Vos and Goulding (1997) refer to this culturally-specific view of self as inter-connected with the other, as "...[an] unconscious collective empathy..." (p 8), which is inexorably linked to the same authors' (De Vos & Goulding, 1997) notion of a "...collective organismic wisdom..." (p 3).

The same authors refer to the apparent lack of such a phenomenon in non-traditional, westernised, white South African society (De Vos & Goulding, 1997). Romanyshyn (1989), in examining Jung's (1961) autobiographical writings pertaining to his trip to Africa in 1925 (Jung, 1961), notes that "Africa is the unconscious of Western technological consciousness" (p 68). The work of De Vos and Goulding (1997) drew on Jung's notion of a collective unconscious (1964), and examined the parallels described here between *ubuntu* (Busakwe, 1997) and the proposal of a "...collective empathy..." (De Vos & Goulding, 1997, p 6). A further aspect of this view is that it is intertwined with archetypes, such as the role and importance of ancestors in present relationships (Bührman, 1981). Other authors (for example, Bührman, 1982a, 1984, 1989, 1998; Berg, 1998; Samuels, 1998) have also drawn attention to the pervasive relationship with traditional beliefs as instructive of present patterns of relating amongst Xhosa-speaking peoples.

In parallel to the theoretical contributions outlined above, the view of Adams (1996, 2001) deserves consideration. In criticising traditional psychoanalytic theory, Adams (2001) proposes a re-labeling of the unconscious as a *cultural* unconscious, thus making a call for ethnic and cultural factors to be taken into account when thinking about the unconscious. In the light of these factors, there is a need to attempt to investigate what does not appear to be in the realm of conscious phenomena. For, as noted by De Vos (1995), in order to consider moral development adequately in the present context,

cognisance should be taken of the collective processes inherent in moral development as it occurs within cultures. The nature of "...[an] unconscious collective empathy..." (De Vos & Goulding, 1997, p 8) proposed here necessitates an appropriate form of investigation that will allow for investigating the ethic of care, while relevant culturally-unconscious processes related to collective empathy (De Vos, 1998a) and their effect on the Xhosa participants is taken into account.

Furthermore, empirical investigation of moral development on an unconscious level is a relatively new field, and may allow for insights into possible gender and ethic differences in care-based moral development in the present context. Hypnosis will provide the means of investigation for the secondary aim of the present study, as it is proposed that hypnosis, which operates at the level of the executive control system of the human mind (Oakley, 2002), will allow for two effects. The first is that the self-awareness of subjects may be heightened (Oakley, 2002). The second effect is that content and nature of the responses given by participants to the Ethic of Care Interview (Skoe, 1993), may draw on the "organismic" (De Vos, 1995, p 2) consciousness of the participants to "...manipulate...the contents of self-awareness..." (Oakley, 2002, p 74). This may facilitate the involvement of the possible effects of the cultural unconscious referred to by Adams (2001).

The factors considered here will be discussed later in this study.

The relationship between the unconscious and moral thinking is discussed with regard to the investigation of moral development using the Ethic of Care Interview. Due to the particular relevance of possible unconscious, organismic processes in moral development in the present context, it would be prudent to attempt to understand the links between moral thinking and the unconscious. As considered earlier in this chapter, unconscious processes pertaining to the existence of a collective empathy in traditional African community may be directly involved in the way in which black South Africans are located on the five ECI (Skoe, 1993) levels. Furthermore, as will be discussed further in this study, it does not appear that these processes have been present amongst white South Africans in

the same way. Accordingly, the instrument has been used with each participant in both a conscious interview and an interview under hypnosis. The relationship between the unconscious and hypnosis bears interesting implications for understanding moral development, and is therefore briefly examined here. Children learn ‘morality’ from their parents and in their community (Berkowitz & Grych, 1998; De Vos, 1995), and yet it may be that some of the “morality” (De Vos, 1995, p 5) that has been learnt is not conscious (De Vos, 1995; Freud, 1959), but rather *organismic* (De Vos, 1992) in quality. As considered earlier in this study, this could be of particular relevance to the African participants in the present research. From a person-centred perspective De Vos (1992) suggests that each person has an “...organismic inner beauty...” (p 4). The same author proposes that this “inner wisdom” (De Vos, 1995, p 6) could, from a psychoanalytic perspective, provide new insights into the processes involved in moral development, as well as allow these processes to form part of how moral development is assessed within the present context. Furthermore, empirical investigation involving the unconscious and moral development is a new field. Therefore, this study will attempt to quantitatively investigate the care ethic, based on the premise that the collectively empathic processes (De Vos, 1995), specific to parts of the South African population, have, and will continue to influence moral development.

Lastly, as an important point of focus for this investigation, the caring ethic and the theoretical and practical development thereof may have important potential in many spheres for this country. This is discussed both as motivation for the study, and in terms of implications for expanded investigation and application, for, as noted by Van der Heyden and Robertson (2001), “As our understanding moves... we realise the connectedness, and ultimate oneness, between ourselves and our environment, in all forms”

(p 2).

1.2 Terminology

Several terms will be used extensively in this study. Due to the importance of these concepts and constructs, the manner in which they will be understood here, should be clarified.

1.2.1 Morality

The *Oxford English Dictionary* (1984) defines morality, in reasonably broad terms, as "...a degree of conformity to moral principles; moral conduct; or a particular system of morals" (p 477). As discussed by Harpham (1992), much philosophical discussion has focused on the nature, definition and formulation of the term 'morality'. Traditionally, it has been the field of liberal rationalism that has guided most thought and research into the field of moral development (Harpham, 1992), and, indeed, morality. Theoretically distinct from this has been the rise of communitarianism, with its emphasis on social constructionism (Etzioni, 1994) that has inspired other work in the field of moral development.

In most theoretical constructions thereof, morality is viewed as the action itself, distinct from ethics, which is understood here to be inclusive of both the action that is undertaken (and the goodness of that action), and the motive for that action. Murphy (in Harpham, 1992) concurs, indicating that morality is a concern with doing the right thing, while ethics is doing the right thing, for the right reason. In this way it is possible that morality could be seen as a sub-system of ethics.

Berkowitz and Grych (1998), in their work on children's moral development, stress four basic components of moral development and four core aspects (that is, empathy, conscience, moral reasoning and altruism) of moral functioning. What emerges from the above therefore, is that morality is both part of culture and serves culture (Harpham, 1992). Morality can only be understood when context is taken into account, and when social, historical and cultural practices

predominant to that context are taken into account (Haste, 1994). Williams (in Harpham, 1992) concurs in noting that morality is part of the “outlook” of all individuals. The South African context, as the context of this study, is therefore of paramount importance.

Levinas (in Harpham, 1992) describes morality as a system that relates to social behaviour and civic duty, which, while located within the sphere of organising and maintaining the survival of the human race, is ultimately based on the ethical responsibility that one has for another. The focus of the present research lies within an assumption that there are values that can both propagate and maintain harmony between individuals. Thus, morality will be understood in the present study as incorporating, or being constituted by, an ethic of care that occurs within society and involves autonomous responsibility for self and others. The ethic of care will be expanded upon later in this study.

1.2.2 The concept of person

Within the present research, the term ‘person’ will be used. It should not be assumed that all humans are therefore homogenous in terms of possessing value or moral importance. This is due to the fact that humans will encounter persons who are like themselves in many respects and unlike themselves in many respects. Therefore, it is the opinion of this author that it would be prudent to assert that the usage of this term is not to imply homogenous moral ability or personhood. However, there may exist shared characteristics of personhood within communities.

Furthermore, the western and African views of personhood are somewhat divergent in theoretical construction. As noted by Verhoef and Michel (1997), in the African worldview the person can only be seen in the light of community, and is defined in terms of community (Mbiti, in Mkhize, 1998). This view of personhood incorporates a conceptualizing of community as interconnected and

individuals therein as responsive and responsible to each other. Thus the person from the African perspective is that of a person-in-relation (Mkhize, 1998). This bears interesting implications for the incorporation of other terms such as ‘individual’ or ‘one’, as, while these terms are lexically indicative of an isolated entity, their contextual usage may suggest otherwise.

1.2.3 Care

In making reference to an ethos of ‘care’, it is instructive to think about the nature of this concept. Many definitions, understandings and formulations exist in psychological research for the concept of care. Responsibility, the disposition to look after another, showing affection and concern for another or simply attending to the needs of another count among these. Importantly, the call for a better understanding of care has been made (Flanagan & Jackson, 1993).

Fisher and Tronto (1990) delineate four phases of care that follow on each other. These are (1) caring about, (2) taking care of, (3) giving care and (4) receiving care. The same authors describe these phases as aspects of an overarching view of care, which is that any activity that is undertaken to maintain, continue and thereby look after our ability to exist in “our world” constitutes care. This caring function occurs both within work and relationships (Ruddick, 1998), as they both are inevitable aspects of an individual’s ability to exhibit caring behaviour. Puka (1990), however, advances the argument that care could constitute a set of coping strategies used by women who are in an environment marked by sexual oppression, as has been the case in South Africa (Meintjies & Marks, 1996). Carse and Nelson (1996) provide a definition of care, which is informative of the subject of this present study:

In a care perspective, people are to be valued and respected directly, as concrete, particular selves... Moral focus is placed on individual’s idiosyncracies and

vulnerabilities and on the quality and particularity of specific interpersonal relationships;
the fact of human interdependency is recognized as morally fundamental. (p 5)

Thus, in caring, acting on behalf of another person may be seen as both responding to, and being responsible for, the other. Suffice to state that the task of providing a comprehensive and unitary definition for the concept of care is a complex one, as care can be understood from a political point of view and it can be seen as a position from which moral decisions are made (Tronto, 1993).

1.2.4 The self

In describing what he believed to be the ‘totality’ of the human psyche, the essence from whence an individual’s orientation in her/his relationships occur, Carl Jung made use of the term “Self” (Jung, 1964). This view of a describable *inner centre* to each person persists in some fields of psychology, particularly psychoanalysis.

As noted by Harpham (1992), two themes that direct the study of the notion of self with regards to morality could be considered. The first is developing one’s autonomy, and the second the integration of moral concerns as an aspect of personal identity. Harpham (1992) notes that this concept finds its roots in the Cartesian division of body and mind, and the ‘Enlightenment’ belief in objectivity. For the purposes of this study, the concept of self will be understood as referring to the potential of the autonomous individual, capable of making moral decisions based on personal identity, which will have a bearing on both the agent and the other. Furthermore, the self will be considered from a psychoanalytic perspective, in that the role of unconscious processes cannot be discounted.

1.2.5 The other

Much has been written in the fields of psychology and philosophy around the concept of the 'other'. Due to the present study utilising a framework of ethics and subscribing to a view of individuals as connected, the view of Harpham (1992) is again instructive. This holds that the concept of 'other' in a moral sense can be reconciled with the concept of 'other' in a political sense. The significance of this view is the awareness of difference between one's self and the 'other', where the potential exists for a reconciliation of this difference *between*, through a difference *within* one's self and the 'other'.

1.2.6 The ethical person

Prior to advocating an understanding of the individual as capable of the act of ethically choosing, attention must be drawn to an important issue raised by Mkhize (1998). When understanding a person who is engaged in the ethical act of choosing in the African context, an appreciation of the dialogical and relational nature of personhood within African culture should be maintained. Considering one who acts in a decision-making capacity when faced with a moral dilemma, as being involved in a largely objective, rational activity, would not do justice to the context and focus of this study. In commenting on the work of Kierkegaard on moral sense, Du Toit (1998) notes that the act of making a moral choice resides in the psyche. He goes further to discuss that a person can only be considered to be acting ethically when he or she is engaged in the act of choosing when faced with a dilemma.

1.2.7 Culture

The notion of culture will be referred to extensively throughout this study, and perhaps it is important to define how this concept will be understood in this study. As noted by Gilbert (1989), difficulties may arise when psychological theory is transported from the western world to the African context, an issue worth considering in a context where there are few theories for handling

human development amidst the process of change. Horvath (1997) notes that the term ‘culture’ may provide the broadest means of referring to differences between people. Gilbert (1989) stresses the importance of a coherent conceptualization of the relationship between society and the individual. Meintjies and Marks (1996) in discussing the position of women in South Africa state that culture “determines who has power and status in society” (p 33). Brislin (in Cushner & Brislin, 1997) suggests that culture “consists of ideals, values, and assumptions about life that are widely shared among people and that guide specific behaviours” (p 4). This view could be considered in the light of the definition Swartz (1998) proposes, which is helpful for the purposes of this study:

Culture, then, is about the process of being and becoming a social being, about the rules of a society and the ways in which these are enacted, experienced and transmitted. Culture cannot be static, as interpretations of rules change overtime with different circumstances...[Culture is] ...about trying to implement and / or maintain a set of power relationships in a contemporary context. (p 9)

It is with this notion of the potentially ethical person, who possesses interacting aspects of inclination and duty, acting within their own relational, dialogical context, their own culture *per se*, that this study proceeds.

2. Theoretical basis for this study

As noted by Duckitt and Foster (1991), racism and apartheid in South Africa have posed the fundamentally important challenge (amongst others) for social scientists involving the scientific issue of both describing and explaining a topic under study, effectively. In seeking to understand all possible factors that may influence where individuals place themselves on the ethic of care, this issue is of paramount importance. Theoretical issues influencing how the care ethic has developed, and may present in this context, and indeed, sample, are discussed in 2.1. Moral development will be considered in sub-section 2.2, thereafter the ethic of care and the ECI will be dealt with in sub-sections 2.3 and 2.4, respectively. The applicability of this instrument for use in this context shall also be discussed in 2.4, after which the possible relationship between moral development and the unconscious will be assessed. In 2.6 hypnosis will be proposed as a means for accessing ‘deeper’ responses to the ECI, and in sub-section 2.7, its use with the ECI will be evaluated. Relevant literature, pertaining to identity and moral development in the South African context, as well as previous studies using the ECI is the focus of chapter 3, after which the research question and hypothesis of this study are constructed in chapter 4.

2.1 South Africa: Historical Influences

Perhaps the most incisive influence on all aspects of the lives of South Africans in the 20th century has been the old Nationalist government policy of apartheid (Rispel & Goosen, 1996). The overarching ethic of this time, as identified by Saayman (1989), is an ethic characterised by separation, isolation and patriarchal punishment. The effects of apartheid on identity and mental health in South Africa have been considerable. Swartz (1998), in his important work, *Culture and mental health: A southern African view*, notes that apartheid “strongly affected the provision of mental health service...” (p 179), a view echoed by Rispel and Goosen (1996). In the same

discussion, Swartz (1998) also notes that it is very difficult to assess the impact of a system like apartheid on mental health in South Africa. It is therefore a complex task to think about how the many effects of apartheid will impact the exhibition of an ethic of care in this country. This study will attempt to build an understanding, not only of how these factors may have affected the use of a caring ethic in South Africa; but also that the caring ethic, as an aspect of development, deserves further investigation in this country in terms of how it has been affected by the all-encompassing authoritarianism (Seedat & Nell, 1992) of the hegemonic apartheid regime.

2.1.1 Landmarks in Racial Legislation

Bedford and Cassidy (1985), in a study on alienation conducted in a suburb of what was at the time Natal, a province of South Africa, make the following observation with reference to the South African situation:

Apartheid is all pervasive – an institution total in its effects, leaving no part of life, and no aspect of the self untouched by its effects. South Africa's society is superordinately governed by 'race', and contains the expressions of racial oppression. (p 1)

Basckin (1983) concurs, noting that the system of apartheid represented the institutionalisation of racism in law. An understanding of the political structure of apartheid, and the existence of racial oppression in South Africa, proceeds directly from an understanding of certain fundamental facts concerning the development of legislature in this country's recent history.

Perhaps the more relevant laws to be passed in the dictation of racial legislation were the Population Registration Act (number 30, of 1950, in Bedford & Cassidy, 1985) and the Group Areas Act (number 41, of 1950, in Bedford & Cassidy, 1985). The first provided for the classification of individuals in this country to one of four races - black, coloured, asian and white. Put simply, this

law allowed the government to classify an individual according to his or her physical appearance. As a consequence, persons across the country were separated and segregated into a particular category. Each of these categories was governed by a different set of laws.

The Group Areas Act restricted the ownership and occupancy of certain areas to people of particular race groups (Bedford & Cassidy, 1995). This act had large-scale repercussions. In 1966 an amendment allowed the government to displace settled communities through a system of forced removals and without any consultation of those communities (Cousins, 1996; O' Meara, 1996). This most often was done in order to procure land for whites. As noted by Freire (1982), this led to many people being alienated from their own sense of ability to effect change in their own lives. Freire (1982) comments on this wholesale process of alienation and separation by observing that, "...to alienate men from their own decision-making is to change them into objects..." (p 58).

In 1952, the Native Laws Amendment Act was passed (Bedford & Cassidy, 1985). This enabled the state to regulate the mobility and the employment of blacks. Millions of black people were forced to leave land they had been living on and move to other designated areas (Motsei, Moore, & Goosen, 1996). In 1959 the Prime Minister of South Africa, Dr. H. F. Verwoerd, introduced the Promotion of Bantu Self-Government Bill (Bedford & Cassidy, 1985). The basic proposition behind this move to isolate different population groupings to designated homelands (Brookes, 1968), was that members of the black population were not actually South Africans, but one of the ten national minorities (O'Meara, 1996). This legislation, combined with that of 1952, caused the wholesale breakup of communities. All groups were in theory supposed to be separate, and in practice this turned out to be largely the case, bearing in mind possible exceptions.

Thus through the legislating of 'separateness', individuals who belonged to different categories were split off and separated from each other. A possible effect of this is a breakdown across communities

in the opportunities for individuals to engage in meaningful relationships across racial lines. Relating and connectedness would be concentrated within one's own legally restricted community. It is the opinion of this author, referred to in Bedford and Cassidy (1985), that this may have had, and continue to have, a significant effect on individuals in this country being able to take responsibility for self in decision-making regarding one's own relationship to one's environment.

2.1.2 Opposition to, and effects of apartheid Legislation

Those who rose up against some form of human rights violation were greeted by even greater doses of that very violation in the form of not only being put 'apart', but by being 'punished', creating a collective ethos where human behaviour and decision-making is put to the sword of punishment (Motsei, Moore, & Goosen, 1996) administered under the guise of 'justice'. The notion of apartheid as 'justice' is evident in the writings of Treurnicht, a prominent far-right politician in the 'old' South Africa (in Faber, 1989):

Justice is best attained by way of differentiation or separate development. When we say this, we do not mean justice as a kind of impartiality in which the parties cannot be separated, but precisely a holy partiality for the promotion and securing of the characteristically own of each; for their striving, in harmony with each other. Justice is therefore no cowardly surrender of one's own strivings, rights and claims. Justice is obedience...Therefore we say that autogenous development is the best exercise of justice. Justice is plurality. (pp 58-59)

The form of justice referred to by Treurnicht is dependant on what he refers to as a "holy partiality"(in Faber, 1989, p 58), whereby each group is, as an isolated entity, supposed to strive for the realization of its needs within that specific group. As is further evident from the above, it was presumed that this would both contribute to, and sustain the harmony and "inter-relating function"

between all groups in South Africa. In a chapter referring to aspects of the above process, entitled “*Some are More Equal*”, O’ Meara (1996) writes that the “[result of this time]... was prolonged and painful internal conflict...” (p 148). In striving for the realisation, and indeed survival, of the community, the ‘other’ was both resisted and demonised. This is evident in what Foster (1991) refers to as conspiracy thinking, which permeated all boundaries of race and ideology. Moscovici (in Foster, 1991, p 379), outlines the following characteristics of conspiracy mentality:

- Conspiracy is seen as the work of the minority (not in terms of population number, but in actual power). This minority is seen to be in cahoots with or assisted by some foreign power.
- The admittance of conflict as originating within a society is rejected, and blame is displaced from inside to outside.
- A cluster of beliefs, practices and languages are formed, based on this ‘conspiracy’, which then affect all people and their lives.
- Actions, objects and individuals are sub-divided into two polarised groups, the one bad (“unlawful”) and the other, good (“lawful, local and normal”). This polarisation of individuals and indeed, whole communities, is then personified, and, as noted by Foster (1991), “...acted out on the stage of society” .
- Individuals are seen as elements of the collective, not as responsible, empowered persons acting from a view of self.
- *Intention* is seen as the driving force behind all conspiracy, and this, therefore provides the basis for the persecution of the minority (in the above sense of the minority).

The possible effects of this theorised mentality on all individuals and their ability to activate a sense of self that is both connected to, and caring for, the other, cannot be discounted as a contributing factor in the hypothesised difficulty experienced by young South Africans today in making decisions that are beneficial to self and other.

Demonstrated opposition to apartheid laws was strictly punished (Motsei, Moore, & Goosen, 1996). This punishment was carried out upon the wrong-doer by the self-ordained ‘father,’ the Nationalist Party Government of the period 1948 to 1990. It would perhaps be prudent to consider the role of colonial rule in the creation of this ‘parent’, yet it is more relevant to consider the legacy of this state of affairs. As noted by Van der Post (1989), as a result of the government of the day and its influences on the lives of ordinary South Africans, perhaps white South Africans collectively lack the compassion of the positive, transformative aspects of the archetypal feminine (Jung, 1964).

This is not to hold Jungian symbolism as an all-encompassing theory for the development of moral reasoning in this country, yet the value of this metaphor is both compelling and instructive. Any type of reaction or criticism of the existing state of affairs was brutally suppressed and action taken to by the individual to empower his/her self, family, community, discouraged. Thus when an individual made and acted out an empowered decision based on compassion for self and other, this was labeled as ‘wrong’ or ‘bad’. Instead, adherence to convention and promotion of self-interest were paramount for many white South Africans (Van der Post, 1989). To propose that this state of affairs may have become less predominant in the last seven years would be both optimistic and unsupportable (in the light of available research), when understanding the manner in which young South Africans make decisions affecting self and other. Opposition to apartheid, and adherence to convention as salient aspects of the apartheid era could thus theoretically have the possible effect of lowering the levels on which young South Africans, especially whites, score on the ECI, to levels where survival of self and conventions of what is the ‘thing to do’ are more prominent. These possibilities need to be considered in the light of the ethic of care, which is discussed later in this chapter.

2.1.3 Ideological and cultural structures during apartheid

In order to explore both the presence and potentials of Gilligan's Ethic of Care in South Africa, consideration must be made of the dominant ideological and cultural structures that have informed gendered activity in South Africa (for a full review of these see De la Rey & Eagle, 1997). As noted by a prominent writer in South African history, van der Post (1989):

Ours is an entirely masculine-dominated history; and I think that is ultimately what lies at the root of apartheid. It is a man's idea, coming not from the feminine but the masculine side of human nature, which out of its addiction to logic and ideology can break things up - thus the intellectual systems forced upon us by the indoctrinated politicians, like Verwoerd and his doctrine - a crude and typical male metaphysical ideology. This method persists now. If the men in power and their followers come up against problems produced by their ideologies, they all get together and invent yet another intellectual system to solve it. (p xiii)

An exploration of the ethic of care and its potential in many spheres in South Africa has much to contribute, especially if dominant gender patterns and practices within the context of this study are considered. What makes the ethic of care particularly exciting is the need for a more all-embracing, synthetic and global identity amongst South Africans that functions in terms of relatedness as opposed to separateness and isolation. Over-archingly, there is also a need for new practices (Rispel & Goosen, 1996) and ideological considerations that promote an ethos of concern for well being of all in South Africa, a view echoed by De la Rey and Eagle (1997).

There is a pervasive myth in South Africa, which is linked to the established superiority of the 'masculine' in South Africa. It is a myth described by Sunter (1993) as quite simply, "Pretoria will provide". The origins of this myth can be found in the nature of government, legislation and its permeation of social structure in South Africa in the greater part of the 20th century. This is a

country, not unlike others in the 'developed' world, where employment, housing, education and health-care, amongst others, have been provided under the auspices of state control. What has been left as a legacy is the individual, regardless of race, who, as noted by Sunter (1987; 1993), looks to the state for the education of his children, for the health of his family and indeed, many other of these such 'entitlements'. Where an individual is not encouraged to take responsibility for the realisation of these basic needs, he or she is motivated to attain these needs through adherence to convention.

Sunter (1993) perhaps neglected to mention, in the opinion of this author, one of the most significant effects of this entrenched culture of entitlement, which is the subconsciously assumed role of the male figure as provider, and as the holder of responsibility for the well being of others, within this culture. This issue will be returned to in the present investigation. Yet Sunter goes further to note that the individual "...no longer fend for himself: communities no longer fend for themselves..." (p 68). The lack of relevant research in this regard makes it difficult to attempt to substantiate the applicability of this unscientific, yet philosophically useful generalisation. However, it should be considered that the individual who is not practiced in taking responsibility for his or her own situation may find it difficult to extend this to caring for others as part of self.

The value of this insight for the purposes of the present research is largely heuristic, as it allows for the consideration of a new field of research; the moral development of young South Africans in the aftermath of apartheid. The introduction to, development, and value of the ethic of care will be articulated as a constructive and necessary element to individuals within communities being able to fend properly for themselves. It is not the intention of this author to imply that this is not the case at present, but rather to emphasise how this function can be accentuated. For example, what is apparent from the work of Buhrmann (1989) in her experience working amongst Xhosa groups is that there

remains an emphasis on inter-relatedness, caring and individuation amongst the Xhosa, the second-largest cultural grouping in South Africa (Rheeders, 1998).

What may be not subject to doubt is that the previous government of South Africa created a country where the state and its instruments were responsible for all aspects of an individual's well being – relative as this may have been for most individuals of colour. Various authors have drawn attention to the “widespread operation of patriarchal ideology in South Africa” (Foster, 1991, p 374). In describing this ideology, Foster (1991) states:

...it does not simply take one form. Bozzoli (1983) has argued that there is a ‘patchwork quilt of patriarchies’ in South Africa varying along class and racial lines, and rooted in different historical process. Both traditional pre-industrial African and colonial white (Boer and British) societies were patriarchal... The interaction between black and white patriarchal forms together with the processes of class formation means that contemporary South Africa is still characterised by this patchwork form of patriarchy. For example it has become almost axiomatic to view black women as suffering a triple oppression: of gender, race and class... (p 374)

Manicom (in O’ Meara, 1998) expands upon this by stating:

“Women are not present in ‘the state’ in more ways than one. Debate around the state in progressive South African history will show that women, historically and today, have been negligible in state structures, that state policy has discriminated against women, oppressively so against black women, and that indeed, the historical development of apartheid was predicated on state-enforced gender subordination. (pp 453-454)

In reference to state structures and their pertinence to moral development in South Africa, O'Meara (1996) argues that all the structures of this country are historically constructed with discourse. This discourse, together with the practices of government, fashions the moral regulation that is inherent in state formation, valorises particular social and political relationships, and places the identities of individuals as contingent on this moral regulation.

On the whole, the role of history in the person-making and ego-identity (Singh, 1997) of all of the individuals taking part in the study, and its relation to personal morality should not be underestimated. It may be possible that the moral development, as an aspect of identity-forming, of all these individuals has, through this process of regulation, been based on a de-emphasising of the individual's ability to responsibly and in an empowered fashion, exercise care for self and other. Therefore the ideological processes considered here may inhibit the utilization of higher levels of the caring ethic, where care for self and other are of importance.

2.1.4 Disempowerment and disconnection

Robertson (1999), in referring to the effects of trauma and stress in South Africa, writes of the extent to which many youths in this country have experienced severe levels of violence and psychological trauma, and how this trauma has been left untreated. According to the same author, the core experiences of these processes have been disconnection and disempowerment. Through the Eco-Therapy Institute of South Africa (Robertson, 1999, p 4), attempts have been made to attend to these core experiences by "...facilitating the establishment of new connections in the relationship of the participant with the environment, others and self ". The significance of these initiatives for the purposes of this study is that they provide practical evidence for the theoretical constructs that have been identified as potentially influential in conceptualising how the sample under study in this research will respond to the ECI. As the possible effects of disconnection and disempowerment on the field of moral reasoning and specifically, the ethic of care, have not yet been experimentally determined, in this context, the link remains theoretical at present.

What is clear from the work of Finchilescu (1995) is that power is inextricably linked to gender, and that research endeavours in South Africa need to take care to recognize the particularities of power in this context. Disempowerment, on both a social and personal level is a complex issue to define; yet it has been part of people's experiences of their own subjectivity, behaviour and identity, and thus it warrants inclusion here.

Suffice to consider that the concepts of disempowerment and disconnection on a macro-societal level could affect the use of a caring ethic by lessening the extent to which individuals are either able to care for themselves, or able to truly care for others.

2.1.5 Militarism

Recent history is instructive in understanding the processes that have engendered the domineering emphasis on masculinity. For Luyt (2000), this is illustrated by the ‘militarisation’ of the South African state: as a result of which “...[the] military establishment became progressively more involved in decision- and policy-making arenas, formerly the domain of the civil sector, largely as a result of increasing domestic and external opposition toward the state...” (Grundy, in Luyt, 2000, p 4). The connection between masculinity and the military has been examined earlier in this study. It appears that by all accounts a masculine culture has been entrenched through South African history. This may provide important insights into the values that have developed in this country. Marks and Mckenzie (1995) note that in South Africa, the combination of state repression and insurrectionary struggle resulted in high levels of militarisation, particularly of the youth, who were often the most active participants in revolutionary struggle (Beake & Zimbizi, 1996; Straker, Moosa, Becker & Nkwale, 1992).

Hofstede (1996), in an extensive overview of masculinity versus femininity as cultural dimensions, stresses that strong gender stereotypes exist within predominantly ‘masculine’ cultures. As one of these stereotypes, Hofstede (1996) posits that what is common to these ‘masculine’ cultures, is that the values of caring and gentleness in relationships are to be exhibited exclusively by women.

The present socio-historical context may be expected to inform differences between male and female participants in the ethic of care interview, perhaps in the form of difficulties across gender in utilising more developed stages of the care ethic. What is especially important here is the issue of possible gender differences in cultures facing change. While there may be said to be a general suppression of the feminine, (Van der Post, 1989), the opportunity still may have existed for women to react to a ‘masculine culture’ (Hofstede, 1996) by relying on their role as carers in family and community. This possibility is paralleled by the work of Eugene (1989), who proposed that black women in America use an ethic of care as a form of empowerment in an essentially disempowering society.

The issue arises however, of what is to be the outcome for many who find themselves facing the dilemma of where to position themselves in relation to traditional beliefs, and contemporary ambitions.

Given the extent of militarisation in apartheid South Africa, and the well-documented relationship between militarism and masculinity (Cock, 1991; Cohn, 1993; Gray, 1996; Karner, 1998; Williams, 1994), there has been a stark lack of the feminine (Cock, 1991), which holds difficult implications for the de-militarised state (Cock, 1994). This may have had an effect on creating in South Africa a hegemonic masculinity, a constantly collective practice that has served to gain individuals' access to power and privilege, and serve to reinforce structural relations of domination over women and subordinate masculinities.

Furthermore, it should be stressed that no individual is truly able to avoid 'doing gender', since sex categorisation, together with its accompanying normative behavioural prescriptions, are integral parts of social life (Luyt, 2000). As a result of this, acquiescence to normative gender and the specific values held therein, most often meets with social reward, whilst failure to do so results commonly in negative social sanction - certainly a powerful instrument of coercion and control, as noted by West and Zimmerman (1991). In other words, survival in this country has often meant that individuals have involved themselves in gendered activity ordered along lines prescribed by the government.

If we extend the earlier metaphor, it would follow that the effects of this emphasis on a patriarchal way of being would still be in evidence today. It is not the intention of this researcher to investigate the precise nature of the effect of a punitive, patriarchal state of governance. Neither is it intended to assess precisely how the archetypally feminine functions of caring and compassion, and their positive values, have played a subservient role to the dominant emphasis on power propagated by the previous government. As identified by Faber (1989), the elevation of that which is masculine and the

devaluation of that which is feminine constitute the fundamental *modus operandi* of patriarchy, as “masculine consciousness has a dread fear of being swallowed by the feminine...” (Neumann, 1963, p 186).

The importance of masculinity in the present context is that it has been inextricably linked to militarism, and thus, if the contribution of Hofstede (1996) is considered, it could be implied that female participants in this study would utilise a caring ethic more readily, regardless of race. However, possible differences appear to exist between black and white women, and these warrant investigation.

2.1.6 Violence and moral conduct: South Africa

As noted by Dawes (1994), a considerable number of South African theorists have begun to investigate whether young South Africans who have been exposed to political violence will begin to generalise an acceptance of violence, as a means of resolving conflict, to other areas and dilemmas of social living. The same author notes that studies done on moral reasoning in South Africa (all based on Kohlbergian theory) should predict lower levels of moral reasoning in persons who have been exposed to political violence. However, none of these studies actually utilises the moral reasoning tests specifically developed by the Kohlbergian school. As the present research utilises the ethic of care orientation, these findings are of limited use.

What is clear from all the available research, both national and international, is that there are many complex processes involved in the generalisability of violent conduct and thought to other, social situations (Dawes, 1994). As morality is not just a private issue, social positioning, identity and reputation may also play a mediating role in moral conduct. Thus while it can be asserted that exposure to political conflict will influence moral thinking in some way, this relationship is not a

simple one. Gibson (1993) concurs with this view, suggesting the complex interaction between intrapsychic and social factors needs to be taken into consideration when beginning to understand whether violence begets violence.

The type of violence predominant in South Africa can also no longer be classified as exclusively political. Rates of violent crime, rape, murder and theft have remained exceptionally high (Cape Argus, 7 September 2001), and political violence has not ended completely. Thus, while it should be borne in mind that exposure to violence should be considered as a possible factor in an investigation of the ways in which young South Africans make decisions based on a sense of inter-relatedness, it is difficult to state categorically how this may specifically influence the utilisation of the ethic of care in the South African context. More research on the nature and effect of violence, and its relationship to the ethic of care approach to moral conduct, is necessary.

Perhaps in considering the possible links between violence and the development of moral conduct as an element of identity in the present context, it is instructive to bear in mind the contribution of Dawes (1996):

There are essentially two negative outcomes following political violence which are of concern. First there is the development of emotional or conduct problems which compromise normal emotional development in the medium to long term. Secondly, there is the question of socialisation into violent modes of problem-solving which persist into adulthood ... (p 5)

Dawes (1996) continues in the same article to comment further on the socialisation to violent conduct as an aspect of the development of South Africans who, as children, grew up in a violent society:

Children's experience of interpersonal relationships is crucial to their psychological adjustment. These can be severely disrupted during violent conflict. In the South African context, these relationships, more often than not, include siblings and relatives in the primary care-giving network. The key period for the construction of inner working models of the relationship world is the first few years of life... (p 7)

Straker, Moosa, Becker and Nkwale (1992), in discussing case histories pertaining to political violence during apartheid, raise the issue of depersonalisation. The key features of this condition are a sense of detachment from one's environment, and the feeling that it is not one's self that is experiencing events as they unfold, but rather a stranger. The same authors note a key feature of depersonalisation as being the exoneration from responsibility for action taken. In the light of the present study it is interesting to consider whether this, as well as other forms of exposure to political violence may play a part in individuals perhaps being located at the lower levels of care.

2.1.7 Alienation

Recognising that this present research is based within the conception of moral reasoning, and the potential ability of an individual within this country's context to make decisions that are beneficial to both self and other, the concept of alienation requires examination.

Bedford and Cassidy (1985) identify the main point of controversy regarding the concept of alienation: whether it applies to the individual, or to individuals within communities. Bearing this in mind, although the primary focus of this study is the individual, the context of community should not be neglected. For this reason, no specific one of the two theoretical formulations of alienation will be chosen. Rather, important constructs will be made light of with regard to their relevance to the aims of this study, and discussed in terms of the impact they may have on the phenomena under study.

A review of some of the more relevant theorists regarding the concept of alienation would include the works of Satre (1948), a proponent of the existentialist view, and Fromm (1955), as well as the work of Rousseau (1915) and Hegel (1964). Within the existentialist view, alienation refers to the feeling of ongoing anxiety and isolation from the other within an individual. Herein it is theorised that the individual experiences tension between being and non-being (De Vos, 1993, in Möller, 1993). The Marxian understanding of alienation differs from the above in that the sense of isolation from the other is not seen as just a feeling, but rather a way of being (Mandell, 1971). As described by Bedford and Cassidy (1985), the basic tenet on which Marx's (1981) theory is based is the division of society into those who own property, and those who provide the labour for the dominant class. This theory was based on Marx's belief in the primacy of man's [sic.] relatedness to the world and to 'man', through the agency of the senses (Fromm, 1970). Bedford and Cassidy (1985) summate the four processes that should be understood when considering the labourer in relation to his/her work:

Firstly, the labour of the worker is alienated from himself. The needs and requirements of the capitalist employer are seen as to prior to those of the worker. As a result, the worker's labour is objectified. It is transformed from being part of himself into a negotiable object, which is used by the employer for his exclusive benefit.

Secondly, alienation of the worker's labour diminishes his sense of humanity. The worker is thus alienated from nature and from himself, when he is abstracted and cut off from his labour.

An understanding of Marx's distinction between man and animals is important for his third point. Man's vital activity is work, and he is unique amongst the species in that his work is the consequence of an act of consciousness. Thus work is an act of freedom for man. The worker, under capitalist modes of production, is

hereby alienated from his “species life”. The nature of his labour forces him into an individualistic perception of himself. Alienated labour thus denies man his human nature, since it makes his human purpose into a mere means of existence.

Fourthly, Marx considered the social fact of alienation the alienation of man from man. Since the worker is in a state of conflict with the object and purpose of his work, this state of conflict is transmitted to his human relationships. (p 16)

These processes are vital to consider in this study as they accurately describe the economic system in South Africa, identified as racist capitalism (Foster 1991; Lipton, 1986). The effect of this ‘racist capitalism’ on female semi-skilled labourers also served to lessen gender equality, and consequently the power of women to exercise their own choice within the work place. Jiang (2000), with reference to the Chinese context and its continued reliance on heavy labour into the 21st century, provides a convincing case for this type of labour system being responsible for the lack of true gender equality in Chinese society. The economic system of South Africa is similar to that of the Chinese in that it still has a reliance on heavy labour, and it is considered a developing economy. This may be important in the lack of gender equality experienced by women in South Africa.

Prominent revisionist historians such as Legassick, Johnstone, Davies, Wolpe and O’Meara (in Foster, 1991) refer to what they consider one of the most important aspects of South Africa’s history. This was a racial domination that was based on, and constructed by a capitalist system that needed and produced a large, cheap labour force. Johnstone (in Foster, 1991, p 371) refers to this process as creating “...a plentiful supply of cheaper black labour who were ‘ultra-exploitable’ due to the manner in which they had become proletarianised”.

Thus, it could be said that South African society was divided amongst the white overseers of the capitalist economy, and the black workers who were under the control of, firstly, the individual

corporations (invariably white-run), and then these corporations under the control of the apartheid government (Lipton, 1986). If the alienation theory is considered concurrently with the system of apartheid, this would have led to effects within this system of 'racist capitalism' that are of extensive relevance to this study. Firstly, black workers were under the control of their employers. The 1981 Labour Relations Act and the Labour Relations Bill, while ostensibly passed to loosen the state control of labour, were passed to even further restrict the active rights of individual labourers (Bedford and Cassidy, 1985). Indeed, it could be said that the needs of the worker during this period were ignored, and that his/her labour was objectified as an instrument serving the capitalist system. It would follow then that the black labourer, having been alienated from his/her labour, might experience a diminishment in sense of self as he or she is abstracted and separated from his/her labour.

Under the system of 'racist capitalism', and the strict laws protecting the interests of the employers, work was no longer a true act of freedom for the individual. Following Bedford and Cassidy's (1985) theory, this would force the individual into an individualistic perception of him/herself, consequently decreasing connectedness with self and other (both black and white) severely.

Lastly, it may be considered that as there were no laws designed to uphold the rights of each black worker within the apartheid system, and the workers were working for a system which was oppressive in nature, many black individuals experienced a "...state of conflict with the object and purpose [of their] work..." (Bedford & Cassidy, 1985, p 16). This would both lead to, and promulgate alienation of person from person. This alienated state would carry through to the other human relationships experienced by an individual.

Thus, if the predominant economic system during the apartheid era and its effect on individuals is considered in parallel to the concept of alienation, it is clear that many individuals within this system

may have experienced alienation from themselves and from others, either directly or indirectly. As noted by Harpham (1992), it is when society and culture is understood from a Marxist perspective (which incorporates the concept of alienation as a force), that the necessity of morality on a purely social level becomes clear. While most of the subjects in this study may not have experienced this state of affairs personally, all have grown up during apartheid. Furthermore, the sample group under study all grew up in families subject to the racist capitalism of the Apartheid government. This may have an effect on the ability of young South Africans today to make decisions that are of benefit to self and other. It is of interest to begin to discover whether many individuals may be experiencing a personal moral consciousness that has been, and still remains, restricted in its range of rational possibilities.

2.1.8 ‘Ubuntu’, consciousness, and the Ethic of Care

A consideration of the similarities as well as differences between the traditional African concept of *ubuntu* and the Ethic of Care certainly warrants further investigation. The concept of *ubuntu* refers to the balance between self and others (Schafer, 2000). According to Archbishop Desmond Tutu (in Schafer, 2000):

Ubuntu is not easy to describe because it has no equivalent in any of the Western languages. Ubuntu speaks to the essence of being human and our understanding that the human being is corporate. The solitary individual is, in our understanding, a contradiction in terms. You are a person through other persons. (p 143)

Tutu goes further to note that while *ubuntu* is about communal harmony, it is also about the personal exhibition of “warmth, compassion, generosity, hospitality and seeking to embrace others” (Schafer, 2000, p 143). Busakwe (1997) notes that the black African population of South Africa finds *ubuntu*

integral to their belief system - an indivisible part of daily habits and methods of discussing conflicts and issues relating to self and other.

Mkhize (1998) substantiates what would be called *ubuntu* in Xhosa as a deeply-embedded phenomenon in African culture:

The African view of personhood denies that a person can be described solely in terms of the physical and psychological properties (Menkiti, 1984). It is with reference to the community that a person is defined. The importance of the community in self-definition is summed up by Mbiti's (1969) "I am because we are, and since we are, therefore I am" (p. 214). Also, it is this rootedness of the self-in-community that gives rise to sayings such as *umuntu ngumuntu ngabantu* (Nguni)/*Motho ke motho ka batho babang* (Sotho). These roughly translate to "it is through others that one attains selfhood". The Venda saying *Muthu u bebelwa munwe* (a person is born for the other) also captures the interdependence between self and community. (p 15)

The value of *ubuntu* in South Africa was also referred to in the resolution adopted by delegates at the Southern African Regional Conference on Mental Health Policy during October 1995 (Bodibe & Sodi, 1997):

It is affirmed by this conference that the traditional African worldview and spirituality is highly promotive of mental health as regards its understanding of ubuntu, the high value it places on family life and its deep love and respect of children and the elderly. (p 191)

Levinas (1981, 1985) in writing with regards to the African context, proposes the notion of responsibility for other as central to contextual ethical thought. The view of Levinas (1981, 1985) could be seen as similar to *ubuntu*, in that both are rooted in humanistic concern, emphasize

empathy and occur in the context of person-to-person relationship. Critically, as noted by Boon (1996, in Brand, 2000), an African individual does not choose to react from an empathic, respectful position; rather, this response is intuitive.

This view, and its implications for the study of an ethic of care in the Western Cape, is mirrored by the work of Reynolds (1997), who, in her work on mental health policy in this country and specifically understanding care, writes: “Care, therefore, must take cognisance of the kin group or community” (p 23). The possible influence of this context-specific cultural value on the participants in this study, and their responses to the presented dilemmas, should be borne in mind. How this may influence the level of care that an individual exhibits remains open to further study, yet its value as a factor in how an individual responds to an interpersonal dilemma requires consideration.

Stack (1986), in considering the position of many African-Americans, points out the importance of considering history, race and class when looking at the ethic of care. These factors are intrinsic to the divisions upon which apartheid was predicated. While Snarey (1985) reviewed the use of Kohlberg’s framework across culture, very little comparison across culture has been done using the ethic of care interview. Furthermore, the nature of the African view of personhood has not been systematically researched within the European context of social science research, with regards to moral development. Understanding the impact of this variable is therefore not guided by previous findings, and is, at present, limited to its theoretical impact. Mkhize (1998) proposes a synthesised African moral voice. This will be briefly considered in this study. In summary, it can be seen that *ubuntu* is an integral part of African life, where the identity of self is intertwined in relationships with family and community. Brand (2000) states that:

Ubuntu is therefore a unique interdependence of persons for the exercise, development and fulfilment of their powers. A person is not defined by a set of properties or features, but by the relationships existing between him/her and others.

(p 16)

The influence of *ubuntu* as a collective process of empathic relatedness could provide substantiation for the view that Xhosa South Africans are intrinsically more able to care for both self and other in the context of relationship.

2.1.9 Attachment

Bowlby's (1969) theory of attachment suggests that universally, individuals want to form close emotional bonds, relationships with others. He based this theory largely on the experience babies have in early childhood. Since the work of Bowlby (1969), and more recently, Ainsworth's attachment theory (Ainsworth, Blehar, Waters & Wall, 1978), the role of attachment in development has become prominent in many fields of research. As it is important to consider, both in terms of psychological health and moral development, a brief discussion of attachment is useful.

The attachment relationship is viewed by researchers as the site where relationship bonds, crucial to a healthy social orientation, are formed. Fonagy (1999) refers to this process of attachment as a bio-social mechanism of homeostatic regulation. Ainsworth *et al.* (1978) refer to the same process as the affective, or feeling relationship between a baby and its primary care-giver. Neumann (in Cowburn, 1999) describes the importance of this relationship in somewhat stronger terms:

While relatedness in opposition or juxtaposition is a culturally-shaped, individual form of relatedness, the woman's natural ways of relating through identification derive from

the blood bond of pregnancy, that is, from the primal relationship to mother with whom this relationship originates. (p 24)

What has been understood, through extensive research, is that children who have a history of securely-attached relationships have been rated as more socially-oriented, empathetic in times of distress, and able to form deeper relationships (Fonagy, 1999). These qualities may, in some way, influence the degree to which an individual has a capacity or preference for the ethic of care. The primary focus of attachment theory is relationship, and the attachments that an individual is able to form may influence whether he or she is successful in later attempts to relate to both others and self effectively.

Park and Waters (in Fonagy, 1999), for example, suggest that pre-primary school children who experienced secure attachments were able to interact more peacefully with other children than those who experienced insecure attachments. Considering that conditions such as overcrowding (Stroufe, 1997) may lead to the formation of an insecure attachment, or mal-adaption, the possibility of insecure attachments occurring in an environment that is stressful, traumatic, unequal and poverty-stricken, should not be discounted. The result of this type of attachment is often an inability to engage in pro-social behaviour. At present, an extensive project is being undertaken by researchers at the University of Cape Town (*Thula Sana Mother-Infant Trial*, personal communication, M. Tomlinson, 3 April 2002), which is seeking to evaluate attachment patterns between mothers and babies in a number of low-income settings around Cape Town. While no specific research handling attachment patterns and the care orientation exist in South Africa to support these suggestions, it should be recognised that the period of apartheid could have influenced a process that is essentially biosocial. Stroufe (1997) contends that if early development around relating is not adequately dealt with, a possible outcome would be psychopathology.

Thus, whether there is a relationship between how attachment is negotiated and the moral and social development of the child would be an important area of work. The emphasis on relating, and care for self and other in relating (the care orientation), may be connected to earliest experiences of relationships. For example, if a child develops a conscience or sense of responsibility towards others, he or she may refrain from behaviour that is hurtful or inconsiderate to others.

Some research has considered the dynamics of the primary relationship and the possibilities thereof for moral theory. Virginia Held (1987a, 1987b), for example, considered the characteristics of the relationship between a mother and her child, and the implications thereof for greater social relations in terms of a care-based morality. Held suggests a model of morality based on the nature of the mother-child relationship. This researcher is not aware of other investigation that may be occurring in this specific area, yet it appears to be worth consideration.

Bearing in mind the above issues, Reynolds (1997) makes an important contribution to the development of a generalised understanding of the role of attachment in the present context when conceptualising care:

My own work suggests, and is supported by figures extrapolated from the South African Project for Statistics on Living Standards and Development of 8 800 households, that only one third (34,4 %) of African children have both parents at home at any one time. That is, an African child has both parents with him/her for only one third of his/her childhood years. It is not as if stable, secure, extended families are caring for these children: care is fragmentary... as a consequence of the terrible destruction by the Apartheid regime, families are not even enabled to care well... (p 27)

Thus, the possibility of disrupted attachments as both possible during apartheid, (in a society characterized by conflict and separation) and as a predisposing factor to lower levels of care reasoning, cannot be discounted.

2.1.10 Identity

As noted by McKinney (1994), the work of Marcia (for example, 1993) has been quite instructive in entrenching the concept of identity as central to adolescent development, and as a concept that could both guide and serve an informative role in interventions and study done with adolescents. Marcia's (1994) work in the field of psychosocial development has carried on from the work of Erikson (1968), and rather than a full exploration of the statuses Marcia (1994) has identified, it is useful to understand an important contribution Marcia (1994) makes to identity theory. The cultural developmental context must be taken into account, along with an individual's particular psychosocial or psychosexual stage when attempting to broaden concepts of identity. The relevance of this to the present study is that this study is concerned with a very integral aspect of identity. While it has not been possible to explore identity in terms of Marcia's statuses or stages, simply due to the parameters of this study, it is intended here to give full consideration to some aspects of the psychosocial development context during the apartheid era.

Swartz (1998) notes that the first comprehensive African study on the development of identity in an oppressive context was undertaken by Fanon in Algeria in 1970. This work was extended thematically into the South African context by the activist Steve Biko in 1978, and explored recently by researchers such as Nicholas (1993, in Swartz, 1998). However, understanding the psychological consequences of oppression in a specific context is no easy task, as a fully-comprehensive investigation involving the identity statuses posited in work such as that done by James Marcia

(1993, 1994), needs to be undertaken in this context. Thus, as noted earlier, this study will attempt to draw more on the context-bound aspects of identity.

2.1.11 Collective unconscious, culture, and empathy

The term collective unconscious was coined by Jung (1970) to refer to the contents of the mind which are not immediately accessible to consciousness, and which are the result of archetypal processes that occur within culture to culture. In parallel to Jung, Durkheim (1964, p 103) proposes the term “collective consciousness” in order to distinguish processes which are collective from those that are individual. For Durkheim (1964) the key mechanism involved in collective consciousness is reciprocity between individuals. Both Jung (1970) and Durkheim (1964) posit that there are archetypal processes present within communities. Importantly, Samuels, Shorter, and Plaut (1985), note that the collective unconscious, informed by the archetypes present in a society, is imbued with a form of knowledge and thought. Furthermore, Jung (1970) considered archetypes to be innate and inherited, which, when activated, would underlie an emotion or behaviour (Samuels, Shorter & Plaut, 1985). The same authors consider the images held in archetypes to be similar to ‘cultural motifs’ (Samuels, Shorter & Plaut, 1985). In a similar vein, Jung (1964) in *Man and his Symbols* posits the existence of “collective representations” (p 55) that occur within groupings of people.

Thus, if archetypes are thought of as arising in all groupings of people, and being shaped by the cultural milieu of the time, then it may follow that the archetypes of gender predominant in a certain culture could shape the thought and behaviour of individuals in that culture. Greenfield (1985) suggests that it is useful to consider how the archetypal feminine is largely characterized as “self-contained, material, enclosing and static...[while the archetypal masculine is seen]...as

an intrusive, active principle that pushes the development of consciousness out..." (p 189). The same author substantiates this process in the following way:

Quite possibly the identification of the feminine with earlier unconscious stages of the mind and the masculine with later, more developed stages arose out of a cultural situation in which women were given the primary responsibility for early child-rearing and men did not play an important role until later on: we can only speculate what sorts of identifications might be produced by a society in which child care was shared equally between the sexes. (Greenfield, 1985, p 189)

Although Greenfield (1985) provides this argument from a psychoanalytical background, the notion that unconscious archetypes shape thought, behaviour and action, deserves consideration. Importantly, as noted by De Vos (1995), morality has developed within the context of larger historical processes. These could contribute to the manner in which archetypal formation and function has been constituted in South Africa. Meintjies and Marks (1996) note that in South Africa up to forty-five percent of households are controlled by women. Cousins (1996) extrapolates, stating that:

Women are generally responsible for caring for and about others. This includes 'emotional housework': looking after other people's feelings. Women take the major responsibility for childbearing and raising children. At the same time, most women work to supplement the household income. As caregivers, women also manage the family and participate in community life, maintaining the social relationships that are necessary for our survival. (p 3).

The view of Cousins (1996) and others (for example, Russell, 1989) is illustrative of the manner in which women, and particularly black women, in South Africa have, in manoeuvring through a patchwork of patriarchal processes (Foster, 1991), been set up as the holders of relationships and

caring. Mohamed (in Russell, 1989) contextualises the position of women as carers in the context of the struggle (Mompoti, 1989) against apartheid:

I think women's role in the struggle is a very strong one. Like my mother, they are the supportive base in holding families together...If men had to cope with the responsibilities that women shoulder, their role would be much more difficult. (Russell, 1989, p 25)

In an overview of psychoanalytical theory, Adams (1996) argues that psychoanalysis has ignored the importance of cultural and ethnic factors in thinking about the unconscious. From working with individuals who are of non-European descent, Adams has found that some of them have struggled to assert an individual identity in the light of whatever collective identity has been adopted or assumed by them. If it is considered how African women have had to adopt the role of keepers of the family and community, Adams' (1996) contribution is pertinent. Consequently, and of relevance to this study, Adams (1996), in discussing the collective unconscious, suggests that the idea of a cultural unconscious bears consideration.

Adams (2001) discusses the role and presence of ancient myths, and their importance in thinking about the psyche. In discussing Jung's concepts of archetypes and the collective unconscious, he acknowledges that there are universal patterns in how individuals construct meaningful images in myths, dreams and fantasies, but argues that these images are also shaped by the culture of origin of each individual. In discussing the existence of the mythological unconscious, Adams proposes that the unconscious should be seen as a cultural unconscious, in which the rituals, symbol-formation and personhood particular to a specific community or culture need to be considered. Of particular relevance in this regard is what De Vos and Goulding (1997), as noted earlier, have called "...collective unconscious empathy..." (p 8).

Understanding empathic relatedness as inherent to the Xhosa tradition necessitates a consideration of the work of Bührman (for example, 1981), who locates an inception to an understanding of Xhosa (particularly female) relatedness from the connection between Xhosa people and their ancestors. Bührman (1998), in commenting on the results of several decades of study amongst the Xhosa people comments:

I cannot help but conclude that these are a people who both succeed and excel in establishing and maintaining a living, vital link to important archetypal forces which we, as modern, western, civilised people have only begun to tap. (p 20)

The same author goes further in considering the role of ancestors and their importance within Xhosa culture (Bührman, in Berg, 1998):

The belief in the ancestors, the way they are experienced and the obligations towards them have many similarities to the Westerner's concept of the unconscious, his experience of the archetypes, and his obligations to pay attention to these as they appear in his dreams, visions, fantasies and his spontaneous, creative activities. To remain relatively healthy, mentally and physically, and to have some light on the path of life, the ego should have a respectful attitude towards the manifestations and not to brush these aside as nonsense or 'just imagination'. (p 23)

The impact of what Bührman (1981) concludes is that, amongst the Xhosa, relatedness to self and other is informed by one's relationship to the ancestors. This is evident in how the same author (Bührman, 1981) describes a community ritual (*intlombe*):

The Xhosa, for mental health, and health in general, have to live with, be in communication with, and in proper relationship to, the ancestors. The *intlombe* can be seen as a confrontation with the unconscious, especially its archetypal contents,

experiencing and integrating some of it. This usually leads to psychic changes in the participants, which they volunteer but which can also be objectively perceived. (p 24)

Thus, there are deep-running cultural roots (Berg, 1998) in the customs and beliefs of the Xhosa, which could be considered as unconscious, related to historically-produced archetypes, and which inform the manner in which relationships are conducted (Berg, 1998). Rycroft (1972), in discussing the concept of empathy from a psychoanalytic perspective, defines it as follows:

... the capacity to put oneself into the other's shoes. The concept implies that one is both feeling oneself into the object and remaining aware of one's own identity as another person. The word is necessary since sympathy is only used to refer to the sharing of unpleasant experiences and does not imply that the sympathizer necessarily retains his objectivity. (p 42)

From a cross-cultural perspective, Mullavey-O'Byrne (1997) notes that while empathy appears to be a human characteristic that appears in all cultures, both the manner in which it is activated and the quality of, and emphasis on empathy may vary (Dahl, 1989, in Mullavey-O'Byrne, 1997):

The communication skills required for effective ... interactions do not appear to differ significantly from those required for interacting effectively within a cultural group. What is different is the way these skills are emphasized and used in different situations, the degree of flexibility associated with their use, and the different meanings attached to them in different situations. (p 210)

Berg (1998) summarises the role that traditional beliefs in Xhosa community play in relationships, by guiding interaction between self and other in a 'feeling' and inter-connected manner. The same author (Berg, 1998) notes, in describing the Xhosa people, that there are:

... profound psychological truths that lie within the customs of one particular group of people in Africa. When Jung (1939) described the collective unconscious he wrote: ‘It is the mind of our unknown ancestors...’. In the people with whom I am familiar the ancestors are known in a very literal manner. Furthermore Jung (1956) writes: ‘the primordial images are the most ancient and the most universal ‘thought forms’ of humanity. They are as much feelings as thoughts: Indeed they lead their own independent life...’. In African culture the ancestors are the embodiment of the angels and gods of western culture- they represent the collective unconscious in a living, ongoing connected way. Among the depth psychologies of the West, analytical psychology has a particular contribution to make to cross-cultural understanding : the notion of an objective psyche and the concept of the archetypes form an intellectual container within which we are able to honour difference, confront self and other, while knowing that we are connected to one another by our universal humanity. (p 25)

Interestingly, De Vos (2001), in commenting on the role of psychologists in the new correctional services system in South Africa, notes how psychological services in the ‘new’ South Africa will have to take cognisance of the power of unconscious empathic processes within African tradition. This will allow for more effective and integrated attempts at facilitating change within this country’s prison system.

Bührman (in Saayman, 1998) in parallel to the processes discussed above by De Vos (2001), describes the philosophy of the Xhosa peoples as “holistic” (p 53), and based on “relatedness” (p 53). This in turn will influence the manner in which an individual engages with the world, self and others (Bührman, 1984). This philosophy appears to be in natural relation to the feminine qualities of “nurturing and receptivity” (Luke, 1981, p 3).

Unfortunately, this author is not aware of social science research in the present context that has empirically investigated the constructs described here. However, in summation, De Vos (1998a)

makes extensive reference in his work, based on clinical experience, to the presence of an unconscious, collective empathy (De Vos, 1997, 1998a) based in African culture. This way of understanding the empathic processes inherent in Xhosa culture is mirrored in the idea of a cultural unconscious (Adams, 1996; De Vos, 1997), from which *organismic* wisdom (De Vos, 1995) and experience can be accessed. The importance of considering these constructs in an investigation of the ethic of care involving participants from a Xhosa background is apparent, as it appears that Xhosa participants, especially female participants, may be influenced by unconscious empathic processes inherent in their community. In parallel to De Vos' (1995) usage of the term "organismic" (p 9), Bührman (1989), refers to a core healing practice of the Xhosa. Bührman (1989) describes this ritual:

The intlombe and xhenta ritual forms the core of the healing procedures as practiced by the Xhosa of the Ciskei. It is also a superb example of a ceremony in which all aspects of being- mind, body and spirit, conscious and unconscious, find expression, and where the individual enters into communication and communion with his community and with the supra-personal forces of the ancestors ... It seems to me that the vitality which the participants experience is derived from several sources, one coming from inside the body organs, the other from unconscious personal and collective layers of the psyche. (pp 210 – 211)

2.1.12 Current considerations and conclusion

In the South African context, a recently published document compiled by an extensive national panel, Curriculum 2005, is indicative of the pervasive move to address the inadequacies of the previous government's education structures and the role they played in severing connections between different population groups in this country. Pertaining to national schooling practice and ethos, it highlights the adaptations required in order to redress this trend, both in theory and

educational practices throughout schools and tertiary institutions (personal communication, A. Brombacher, 12 August 2001). However, perhaps the greatest value of this document in relation to this study is that it is a contemporary recognition of the lack of emphasis placed on the value of caring and connectedness amongst individuals throughout schools in South Africa.

In a study by Stahl (2000) exploring ethical dimensions of school psychology, socio-historical, systemic and political reasons are given for the suppression of the care ethic in schools. Among the issues highlighted are financial barriers, the focus on justice in education, and professional survival of educators, in this specific example, school psychologists. In a broader context, these issues have characterised South African education at all levels in recent years. Much dialogue has centred on the low salaries received by educators, the lack of funding in schools, shortage of tenable positions within the education system, and the 'calvinist' type of education with a foundation built on the notion of what is just and, consequently, unjust (Guidance Counsellor's Conference at University of the Western Cape; July 2001).

Ngesi (1996) comments on how difficulties experienced by youth in schools are exacerbated by high levels of unemployment prevalent in this country. The effect of this is to leave many parents unable to nourish or stimulate their children appropriately. Swart and Berman (1996) add that one of the most pressing issues regarding unemployment is that care-givers are not able to sustain themselves, which is vital in terms of their ability to nurture their children into a culture of human rights.

What is however important, is to consider that human behaviour must be studied within the totality of all the factors interacting with the psyche. How much of this patriarchal strain has entrenched itself in the individual unconscious? Has it become part of the individual psyche? It is the view of this author that these are pressing issues to consider when assessing the ways in which individuals make moral decisions in this country. Furthermore, the strong possibility should be considered that, for a

very long time, there has been an under-playing of the role that the caring function can play within all spheres of relationships. Due to the lack of emphasis placed on it, the possibility exists that the caring ethic been suppressed to such an extent in South Africa that those who live by it, struggle to assert the value it can have in the lives of both themselves and others. This possibility is succinctly put by Saayman (1989):

From this perspective, many of the social ills of this troubled age are a direct result of the reverence invested in the world of the masculine principle of logic and intellectual judgement. In our time, and in this country in particular, the functions of the intellect have been placed upon the pedestal of authority - at the expense of the archetypal feminine, the principle of relationship, of caring, of feeling for others. (p 6)

What is left behind is the potential of the caring function within the interacting individual, and the possible role that this can play in the greater community that is South Africa. Rodriguez, Taylor, Rosselli, and Thomas (1997), in commenting with specific reference to normative American school culture, argue that the lack of a connected, empathic, caring culture silences women in their early development and shunts them into roles and careers that disadvantage them.

In apartheid South Africa, some forms and sites of the subjugation and disempowerment of women and the influence they may have on relationships as a generalised site of moral reasoning, include the following (Foster, 1991):

- Labour practices which have set lower wages for women and precluded them from certain types of employment;
- Legally-institutionalised social practices that signify the ownership of women by men;
- Rape, sexual abuse, sexual harassment and wife-battering - all specific violent actions perpetrated against women;

- Different social role expectations and -conventions for men and women which place different emphasis on duties, respect, rights and responsibilities for men and women;
- Different ways of child-rearing for male and female children;
- Differential division of domestic and financial responsibilities and chores;
- Assumption that decisions pertaining to females and children should be made by men; and
- The entertainment and media industry that may serve to perpetuate these stereotypes.

In conclusion then, a substantive body of work attests to the subjugation of the 'feminine' and the simultaneous promotion of the 'masculine' as a cornerstone ideology for the maintenance of the apartheid structure in South Africa. Alongside this must be considered the lack of emphasis, in ideology and practice, of the caring function and indeed, a greater ethos of care. These have been fundamentally part of the moral developmental processes of many South Africans. To ignore these variables in the identity-forming processes of post-adolescent South Africans would undermine a full examination of the ethic of care amongst the sample under study.

Perhaps there is no more suited context for the development of this ethic than present-day South Africa. The need for individuation amongst South Africans, for breaking away from 'conventional morality' (Brooke, 1985), and a re-evaluation of the benefits of relating to others as *part* of the self, opens the way for an examination of the ethic of care and its suitability to this context. Referring to African-American and Latino females in the United States, Cannon (in Bishop, 2000) concludes that urban girls exercise their own moral judgement in their day-to-day context in a manner which does not subscribe to the ideological practices of a white-orientated, male-dominated society. This is of interest to the South African context, however, the possibility exists equally that the manner in which these individuals make decisions pertaining to care of the self and the other, will be strongly influenced by the ideological practices of the white-orientated, male-dominated society that was apartheid South Africa. To assume that this situation would have drastically changed in the new

dispensation may be erroneous. Finchilescu and Dawes (1998), for example, in their study investigating sociopolitical orientations of adolescents in South Africa, following large-scale change, found that the racial and ideological divides produced in society as a result of apartheid were still in place, and may persist into the future.

It is difficult to ascertain to any degree of certitude the extent to which the total history of this country will inform the ethic of care in individuals representative of young, educated South Africa. Many of the individuals presently engaged in their tertiary studies have been affected by the structural changes in the many moving societies that make up the diaspora of the educated young person in South Africa. Yet in section 2.1 of this study, it is suggested that the apartheid government may have influenced the moral development of young South Africans in several interesting ways. An unfortunate shortcoming is the availability of suitable context-specific research investigating aspects of the care ethic as an element of identity in the population under study.

2.1.13 Summary

This section has attempted to provide an overview of the factors that could influence the manner in which young South Africans will position themselves on the ECI levels. Some of these factors could conceivably affect both black and white participants, albeit in slightly different ways. The racial legislation enforced by the apartheid government caused separation from, and disconnection between self and other. The super-ordinate governance of the government of the day may have adversely affected the potential of individuals from all ethnic groups to take responsibility for self and other. During the struggle against apartheid the identity of many black youth was strongly linked to this struggle, where a core aspect of identity was the struggle for survival.

Dominant ideological and cultural structures of the apartheid era may too, have evinced a de-emphasis in the individual's ability to exercise their own choice and judgement in a responsible and empowered fashion. In terms of what Robertson (1999) has called disempowerment and disconnection; the extent to which individuals are able to care for themselves has perhaps been lessened. The possibility of both psychical and actual trauma on an individual as well as collective level may contribute to a decrease in the participants' ability to take a caring approach to relationships.

The effects of militarism and the resultant masculine culture, has in terms of its effect on both white and black community led to the promotion and valuation of masculine culture, with the consequent de-valuing of the feminine. Gender-based oppression and patriarchal practice has, in this country, pushed women closer to an identity that is constructed around relationship, especially Xhosa women, and located the process of identity-formation around survival (especially for black South Africans) and adherence to convention (particularly white South Africans). Identity was, for many, inextricably linked to survival. The effects of violence on moral conduct have also been discussed in this section, and the indications are, in the light of relevant research, that exposure to high levels of violence may lessen the degree to which young South Africans are able to utilise an ethical position of care. A review of existing theoretical viewpoints pertaining to the multi-faceted effects of alienation also brings up questions regarding the ability of both black and white South Africans to exercise a moral consciousness that is founded on care for self and the other. Attention has been given to the possibility of fragmented households and disrupted attachments, and the implications hereof as adverse to moral development, and specifically the caring ethic. These are some of the factors that have been discussed as contributing towards this author's proposal that young South Africans are struggling to exhibit high level's of Gilligan's (1983) ethic of care, in terms of the ECI (Skoe, 1993).

Collective unconscious empathy (De Vos & Goulding, 1997) is a term that has been suggested to describe a very important aspect of Xhosa community. A possible relationship is theorised to exist between the ethic of care and this factor, (especially in the case of Xhosa females); as well as the manner in which this could affect the care orientation as utilised by this sample.

2.2 Moral Reasoning

In this section, a brief discussion of the development of moral reasoning will follow, culminating in an orientation to the nature and origin of the ethic of care. The ethic of care can best be understood in the context of moral development. For this purpose it would be prudent to consider the development in theories pertaining to moral reasoning.

The question of how individuals make the “appropriate moral evaluation” (Finchilescu, 1991) has been of concern since the time of Dewey (Gump, Baker & Samuel, 2000) and the respective traditions of Platonism and Aristotelianism. From varying developmental perspectives of psychology and psychological research, the understanding of how human beings moralise around various issues and exercise moral judgement, seems endless. Morality has been a troublesome, indeed formidable, concept for psychology to handle. The study of its development has been marked by recurrent controversies regarding its definition and appropriate method of investigation (Killen & Hart, 1995). By clarifying prominent methods of conceptualising moral reasoning, this author will seek to validate the ethic of care, and the conditions under which it will be used, as appropriate in terms of thinking about the ways in which young South Africans make decisions pertaining to themselves and those around them.

Jean Piaget (1932/1965) was perhaps the first to extensively study how children begin to understand the moral rules and social conventions that form part of the world in which they learn to relate to self and the other. Damon (in Berkowitz & Grych, 1998) notes in parallel to the above, that, because morality is about the obligations one has towards others, it cannot be developed through processes that are restricted to the self. Rather, the acquisition of empathy, involving emotions and thoughts is necessary for a 'deeper' experience of relationship to another person (Kerem, Fishman & Josselson, 2001), when one's actions involve another person. To view the 'self' as responsible for action undertaken and consequences incurred through this action is seen as moral judgement (Skoe, 1998).

Damon (in Berkowitz & Grych, 1998) considers it "one of morality's primary emotional supports" (p 14), and argues that:

... because morality is fundamentally concerned with one's obligations to others, it cannot be developed solely through introspection and recognition of one's inner feelings... Children must learn to become attuned not only to their own emotional reactions but also to those of others. (p 14)

Much theorising and subsequent research around moral development has focused on Kohlberg's stage theory, which was based on work done exclusively with male subjects. This has raised considerably important issues for the field of moral development, and indeed criticism of a constructive and productive nature (Gilligan, 1982). It would be prudent, therefore, to provide a brief summation of the work of Kohlberg.

Lawrence Kohlberg (1969, 1981, 1984) proposed a process of moral development in which an individual progresses through three stages of moral judgement, with each stage representing a unique kind of moral thinking. During the first stage, termed the Pre-Conventional level of

reasoning, the individual perceives that which is done to avoid punishment, as being morally right. At the second stage, the Conventional level, 'right' lies in being fair while acting to satisfy and meet one's own needs. The individual on this level is concerned with conforming to the roles expected of her/himself, doing one's duty in terms of what is required for law and order in the community, and the fact that this is 'right'. The third or Post-Conventional level for Kohlberg is when the person struggles to integrate the principles of legality and morality. In other words, if an individual feels that a certain law violates a universal ethic, he or she will go against that law (Hock, 1995).

It is not intended here to provide a comprehensive criticism of Kohlberg's work. However, for the purposes of this study, it is important to look at the most pertinent criticisms of the theory, for these have served to inform the work of Gilligan (1982), as well as much of the work on the ethic of care over the last twenty years. Some of the most important points of critique include (1) the question of whether these stages of reasoning can be extended to moral behaviour; (2) the lack of consideration for the role of situational factors in elicited moral judgements (Kurtines & Gerwitz, 1984; Kurtines, 1986); (3) whether or not there is ethnocentric and cultural bias evident (Simpson, 1974); and perhaps pivotally, in the light of the lesser consideration of the female experience in the studies, (4) whether these stages can be generalised beyond males. However, an important implication of Kohlberg's theory is that moral development is perhaps largely influenced by interaction between children and adults, as well as between young people themselves (Sprinthall & Sprinthall, 1981).

An exploration of the manner in which young South Africans make decisions and the degree to which those decisions benefit themselves and the other, necessitates a model that encompasses the experience of both genders.

Gilligan (1982), in her seminal work, *In a different voice: Psychological theory and women's development*, called for the inclusion of women's experience in conducting discourse regarding the

moral development of all people. In a criticism of Kohlberg's theory of moral development, Gilligan (1982) maintained that men and women do not moralise or think about morality in the same way, and she proposed an alternate theory of moral development in which there are two gender-related orientations to morality (Skoe, 1998). Unfortunately, Gilligan's (1982) theory has been too often used to support the notion that difference is all there is between men and women (Relke, 1992). Gilligan's (1982) theory was in fact constructed on the basis of observed gender differences on how men and women talk about experiences of moral conflict.

According to Gilligan (1982), each gender undergoes and experiences a different developmental path that is internalised by each individual. This view would hold that the individual's propensity to exhibit a care orientation, when dealing with self and the other, is contingent on societally-imposed gender-related experiences (Crandall, 1999). This view could be considered in parallel with other theorists (for example, Karniol, 1998; Luyt, 2000), who emphasise the importance of the extent to which individuals integrate and adapt given gender-role orientations. Apartheid, in strictly dividing and enforcing societal roles according to gender (Foster, 1991), may well have affected the manner, and the degree to which each individual, even today, makes decisions that are beneficial to the self and the other. Consciously or unconsciously, each individual will, to a certain degree, integrate aspects of her/his gender-role orientation, which will invariably promote a degree of gravitation to a certain orientation that will be contingent on many other personal and socio-cultural factors.

For the purposes of this study it is important to discuss both the origins and nature of the 'care orientation' and the Ethic of Care.

2.3 Ethic of care

In this section the ethic of care will be discussed, and some relevant issues considered in the light of the context of this study.

2.3.1 Introduction to the Ethic of Care

According to Cole and Coultrap-McQuin (in Dudley, 1994), the theories of Gilligan (1977; 1982; 1987) and Noddings (1984) are:

... central to understanding the origins of, and many directions within, feminist ethics today. [Their contributions]... are especially important... for providing powerful feminist critiques of traditional ethical theories of rights and justice and for articulating the earliest descriptions of an ethic of care.' (p 3)

Indeed, Noddings (1984) advanced the argument for a model of ethics built on women's relatedness and caring. Although the term 'ethic of care' was coined by Gilligan (1982), the concept has antecedents in a long series of previous studies that reach back to the time of Freud (Relke, 1992). Gilligan formed perhaps the most prominent challenger to Kohlberg's theory, yet there have been other arguments, such as the work of Lyons (Stahl, 2000), in support of Gilligan's thesis of differences in moral orientation between men and women.

Gilligan's theory of moral development was built around two gender-related moral orientations (Gilligan & Attanucci, 1988), the first being justice and individual rights, representative of men's ethical judgement, and the second orientation that is representative of women's judgement, the ethic of care (Skoe, 1998). The difference between the two is concisely described by Brown, Tappan and Gilligan, (in Skoe, 1998):

The care ethic develops from the individual's early childhood experiences of attachment to others and reflects an ideal of love, connection and mutual responsiveness; the justice ethic develops from early experiences of inequality and reflects an ideal of reciprocity, fairness and equality. (p 144)

Thus, while men are encouraged within an ethos of concern for the respect and recognition of the rights of others, and the prerogative to regulate one's own behaviour and thinking, women are socialised "toward a morality of care and responsibility in relationships" (Scoe, 1998, p 144). Friedman (1987) supports this view, asserting that women's norms, values and virtues have been defined by care and responsiveness. In essence, Gilligan's theory places more emphasis on the role of context and personal as well as relational narrative.

Yet it must not be understood that Gilligan, in her treatise on the care ethic, set out to be party to gender essentialism in thinking about moral development. As stated by Relke (1992), Gilligan clearly set out to refute essentialist notions of gender and moral thinking. Kohlberg's work is characterised by assumptions around gender, and the work of Gilligan began where Kohlberg left off, with a theory of gender difference. From the work of Crandall (1999), the important observation that issues related to caring are not central to the dilemmas used by Kohlberg, can be made.

According to Beauchamp and Childress (1994), the care ethic provides a corrective to the system-building inherent in dominant ethical theories, and it rectifies the pervasive neglect of themes such as women's experience, sympathy and the moral emotions. As the study is concerned with young South African's ability to care for both the self and the other, and take responsibility for this relationship, a measure that utilises relatedness as a potential function of both genders, is suitable. When dilemmas in real life of relational or interpersonal nature are discussed, both genders tend to

use the care orientation more, while when faced with a dilemma of a more impersonal or non-relational nature, both utilise the justice approach to a greater extent (Skoe, 1998).

The implication, therefore, is that the type of dilemma will have a greater influence on moral orientation than will gender. What is not certain within this theoretical framework, is how a type of dilemma may be seen within a certain context. Indeed, while the present exhibition of the ethic of care across gender is of interest, its value for the present researcher, within the sample of this study, lies in its potential across gender.

Gilligan, Lyons, and Hanmer (1990) collate a substantial collection of essays that discuss the different ways in which girls negotiate interactional themes of connection and separation, and issues around themselves and conflict with others. As previously highlighted, this is not to presume an across-the-board assumption of the caring ethic being exclusively part of the feminine domain. Greeno and Maccoby (1986), as well as Carse and Nelson (1996), draw attention to possible shortcomings in stereotyping women as all possessing a caring nature, while Houston (1989) highlights philosophical problems that may arise in doing so. From within this perspective, Houston argues that seeing care as an exclusively feminine trait, may in fact contribute to the disempowerment of women by supporting the subordination of women as exclusively part of the dyadic mother-child relationship.

While considerable credence could be afforded the view that individuals do acquiesce to gender appropriate behaviour due to the normative expectations of others and social 'scripts', perhaps the simple recognition that gender is an ongoing, negotiated process between the individual and a complex of specific sex-roles (Coleman, 1990), is most instructive. Luyt (2000) observes that within this view, sex categories act as *social referents*. In parallel to this, Karniol (1998) argues that in some cases, the way in which individuals adopt given gender-role orientations is of more

importance when attempting to understand variations in psychological functioning, than the effect of biological sex.

Therefore, the ethics of care should not be viewed as inextricably bound to gender, rather it should be understood as being related to gender in its own way. Friedman (1987), in making reference to the ethics of care and justice, states that both men and women employ both modes of reasoning, and that the two modes are complementary to one another. This is interestingly borne out (to a limited degree) in a study examining the willingness of Australian men to fulfil the role of care-giver to a spouse, where it was found that men significantly more willing to assume this role, than women (Wells, 1999). Whether the willingness to assume this role and the actual performance of this function would reveal the same findings amongst the group under study is subject to investigation.

What is crucial to bear in mind in this regard is that individuals engage in gendered activity which is informed both by their specific context and position, as well as broader cultural and ideological structures present (Luyt, 2000). In looking at values, or notions of moral judgement, the sociological viewpoint of Berger and Berger (1976) should be considered. These authors state that, while on occasion individuals make judgements or moral decisions that are in opposition to their own society, often these judgements reflect those values that are held in common by that society. Thus the role of dominant cultural and ideological structures in South Africa, informed by the policy of apartheid (discussed in 2.1), should be taken into consideration in understanding both how moral judgements are made and the caring ethic exhibited.

It appears that the caring faculty has not been completely eradicated in South Africa. To return to the example of migrant male labour, it is possible that this might have emphatically strengthened the identity of women as providers of care (Cousins, 1996), and locate them as central to the formation and continuance of relationships - not only within the family, but also in the greater community.

Moser (1993), in referring to the roles performed by women, articulates this role as the care, looking after, and socialising role that women fulfil towards individuals so that a specific society can continue to exist.

Unfortunately, research in this regard is somewhat limited, and further specific research investigating the formation and presence of the caring themes such as connectedness and inter-relatedness in the South African context, is necessary.

Literature conceptualising the ethic of care is certainly reasonably extensive. The work of Gilligan (1982, 1987) and Noddings (1984), amongst many others, has delineated an ethic of care representative of women, and an ethic of justice mainly representative of men. In the present study, a full comprehension of how this form of moral thinking has been operationalised in South Africa, and how it evidences in the moral thinking of individuals within this context, is of concern. The context of this country, in the form of apartheid ideologies, as well as a grand diversity in cultural practices, can be expected to have had an effect on the collective presence of the ethic of care. While this is important to bear in mind, the individual exhibition of a value or ethic should not be considered as more likely to occur in a so-called individualist nation than in collectivist societies (Oishi, Schimmack, Diener, & Suh, 1998). Researching the ethic of care across individuals, as intended in this study, may serve to uncover aspects of universal processes that are tied to specific social and cultural circumstances, a crucial element in exploring the cross-cultural implications of a specific theory (Schwartz, 1994).

In summary, then, the ethic of care is more a description of a caring attitude than a system of ethics that is based on specific principles. Sympathy and compassion for self and the other, as well as the valuing of the virtues of intimate personal relationships are seen as important themes. Unlike traditional ethical theory, where the possibility exists that an individual may become emotionally

detached in exercising his or her moral or ethical judgement, emotional attachments and the value they hold for the individual, are emphasized. Beauchamp and Childress (1994) describe the nature of this ethos as an individual both feeling for, and being immersed in, the other, which leads to the establishment of those facets that are vital to the moral relationship.

The various philosophical reasons for, and factors affecting post-adolescent South Africans and the ethic of care have been summated in the first chapter. The Ethic of Care Interview (ECI), a measure designed by Skoe (Skoe & Marcia, 1991) will be explained later in this study, after which previous research using the ECI will be examined. Other research examining gender-related differences, particularly with regard to the ethic of care and the ethic of justice, as well as theoretical constructs related to the above, will also be briefly considered.

2.3.2 Relationships as central to the Ethic of Care

Unlike the work of Kohlberg, which leans towards considering issues of rights and fairness in moral decision-making, the Ethic of Care emphasises the potential of responsibilities and care in dealing with inter-personal issues. Neumann (in Cowburn, 1999), writing from a psychodynamic perspective about the role of relationships in human experience, makes some optimistic observances on the potentiality of relating 'properly'. The author advances an argument that a relationship built on trust and care, without fear, can provide a blueprint for many other relationships. Neumann (in Cowburn, 1999) goes on to state that this harnessing of the power of relating is the first step once the masculine and feminine aspects of an individual's soul and psyche have been balanced, or brought into contact with each other. It would follow that the opposite of this state of affairs would lead to inhibited patterns of relating. If the history of this country is considered, and the ways in which individuals have been pushed into gendered activity is borne in mind, the claim made by Neumann (in Cowburn, 1999) may have merit. The policy of apartheid was contingent on the assumption of prescribed

gender and cultural roles, which were often based on fear. The result thereof was often separation and isolation between different groups. Due to the adoption of societally-prescribed gender roles, South African white men were reared to act as defenders of the racist political order of apartheid (Finchilescu & Dawes, 1998), while black male youth were often at the forefront of resistance against this self-same order (Freeman, 1993; Marks & McKenzie, 1995). The ‘positioning’ of the genders during apartheid draws interesting parallels with Neumann’s (in Cowburn, 1999) psychodynamic conceptualisation of men as fearful, and therefore less able than women to form intimate relationships.

Fear of relationship, this fundamental experience lurks in the background of many neuroses of men. But for the women, the primary relationship has a completely different significance and effect. For the girl, all the complications that lie in the boy’s experience of being different, vanish. Even when she “comes into her own”, as woman, the identity with her mother in the primal relationship can continue to exist... Self-discovery and primal relationship, in the case of the girl child, can coincide. (Neumann, in Cowburn, 1999, p 24)

The possible issue thus arises of fear as something both internal and environmentally determined in both black and white men, something that may hamstring attempts to relate on a deeper level.

2.3.3 Ethic of Care as Values

Understanding the nature of ‘ethics’ and the means in which they are seen as ethics, both in this study and in the theoretical bases underlying this work, is of relevance. The theoretical conceptualisation of three levels at which an individual exhibits an orientation of care, and two transitory levels, can quite meaningfully be understood as ‘value levels’ if the work of Schwartz (1994) on values is taken into account. Schwartz defines values as “trans-situational goals, varying in importance, that serve as guiding principles in the life of a person or other social entity” (p 21). The author highlights four aspects of values that are implicit in this definition: (1) they serve the interests of a social entity; (2) they motivate action and give it direction; (3) they act as a yardstick for judging and justifying action; (4) and they are acquired through socialisation as well as unique individual experiences.

This definition is of crucial importance when the nature and structure of the Ethic of Care interview is taken into account. When responding to the dilemmas, an individual is looking to satisfy either the hypothetical interests of Chris/Kristine (in the first dilemma), or her or his own interests (Skoe, 1993). Furthermore, the individual can either provide motive for the response he or she supplies to the dilemma, or the motive may be apparent to a degree (Skoe, 1993). The individual, in the process of responding to the dilemmas, may justify or seek to judge the action(s) of the protagonist in the dilemmas, or when placing him or herself in the dilemma provide substantiation for her or his decisions (Skoe, 1993). Lastly, contained in the responses may be some degree or influence that is socially or contextually-conditioned. To an extent then, the ethic of care may be understood as ‘ethic of care values’, specifically when seen as responses to a posited dilemma to which an individual may respond.

2.3.4 Care of the self and the Ethic of Care

As can be seen from the work of Gilligan (1982), what defines the ethic of care is that it is based on a view of self as relational. This came out of the work of Chodorow's (1978) object-relations theory, which emphasised early developmental experiences of girls as being relational, while boys experienced this period as being marked by separation. The ethic of care is activated in decision making through responses which are appropriate to a particular case or inter-personal situation, unlike other theories of moral reasoning that emphasise the development of universal principles. It follows, therefore, that what is of concern here is a particular disposition that an individual may have, rather than what kind of principle the subject may exhibit when faced with an issue that requires decision making.

A further important aspect of the ethic of care is self-knowledge, as caring for the needs of one's self is contingent on the knowledge of what is needed by the self. Being able to care for the self, and the resultant intensification of the relationship with the self relies on an individual communicating with others (Foucault, 1986).

Around the care of the self, there developed an entire activity of speaking and writing in which the work of oneself on oneself and communication with others were linked together. Here we touch on one of the most important aspects of this activity devoted to oneself: it constituted, not an exercise in solitude but a true social practice. (Foucault, 1986, p 51)

Like Foucault, Gilligan (1982) emphasises care of self as being contingent on communication with others. Chodorow (1978) describes this as follows: "...becoming a person is the same thing as becoming a person in relationship and in social context" (p 76). Thus through caring for oneself, one actually cultivates oneself as person, and in so doing, one is more able to care for and approach

others with a sense of truth and honesty. An individual's identity as a moral agent is therefore not contrary to the process of socialisation, but rather occurs within, and as part of, the socialisation process that each individual undergoes. This is of relevance to the present use of the Ethic of Care Interview, as each individual is being seen as a social subject who is involved in relationships with others and finds him- or herself within specific historical and political circumstances.

2.3.5 Ethic of care: a model of ethics

Blum (1988) provides a summation of Gilligan's care ethic in relation to Kohlberg's work, considering the implications of both models for conceptualising moral thinking. While the present intent is not to provide a detailed comparison of the two theorists' work, the six distinctions drawn are useful for considering the ethic of care as a model for understanding moral development. These distinctions are taken from Blum's (1988) study:

- 1) The moral self is particularised.
 - 2) Not only is the self particularised but so is the person to whom one is acting and with whom one stands in relationship.
 - 3) Knowledge of the other person is a complex and difficult moral task requiring an attitude of interest and care
 - 4) The care ethic involves emotion whereas the Kohlberg mode of reasoning is based on rationality alone
 - 5) An action appropriate to an individual is not necessarily universal or generalisable to others.
 - 6) Morality is founded on a sense of connectedness and responsiveness between people.
- (pp 488-489)

These observations provide a suitable summation of the features of the care ethic. In contrast to Blum, Bebeau and Brabeck (1989) prefer to view the ethic of care as one component of morality, as

opposed to a complete theory on its own. Manning (1992) refers to the ethic of care as both a morality and an ethic, the latter a view with which Carse and Nelson (1996) concur.

2.4 Ethic of Care Interview

The Ethic of Care Interview measure, described fully in Skoe and Marcia (1991), consists of four dilemmas administered in a structured interview format, to which each participant is asked to respond. In addition to three hypothetical dilemmas involving interpersonal conflicts, one real-life conflict is generated by the participant (Skoe & Diessner, 1994). The responses to each dilemma are graded according to the five Ethic of Care levels, with each level involving a progressively more complex understanding of human relationships (Skoe, 1998). The three dilemmas that are presented are constructed around the following issues:

- a) Unplanned pregnancy
- b) Marital fidelity
- c) Care for a parent

The interviews are scored according to the ECI manual (Skoe, 1993), which contains descriptions consistent with those outlined by Gilligan (1982), as well as sample responses corresponding to the five ethic of care levels as described by Skoe, Pratt, Matthews, and Curror (1996). The following example is taken directly from the manual (Skoe, 1993), to provide an example of the presented dilemma. Men are presented with a male protagonist and women with a female protagonist.

“Kristine/Chris, 26 year-old woman/man, has decided to live on her/his own after having shared an apartment with a friend for the last three years. S/he finds that s/he is much happier living alone as s/he now has much more privacy and independence and gets more work and studying done. One

day her/his father, whom he/she has not seen for a long while as they do not get along too well, arrives at the doorstep with two large suitcases, saying that s/he is lonely and wants to live with Kristine/Chris. What do you think that Kristine/Chris should do? Why?"

The levels of care move from an initial position of self concern through a questioning of this as a sole criterion, to exclusive other concern, through a similar questioning of this as a sole criterion, to a final position of balanced self and other concern (Skoe & Diessner, 1994). The following succinct descriptions of each of the ethic of care levels are taken *verbatim* from Skoe's (1993) revised Ethic of Care Interview Manual. The same descriptions of each primary and each transitory level appear in almost the same format and wording in Skoe (1998). Sample responses for each level are given, following descriptions of each of the three primary levels and the two transitory levels.

Level 1 is survival (caring for self). This perspective is characterised by caring for the self in order to ensure survival and personal happiness. The person's concern is pragmatic, and what the person "should" do is undifferentiated from what the person "wants" to do. The question of "rightness" emerges mainly if the person's own needs are in conflict. The aims are basically to protect the self, to ensure one's own happiness and to avoid being hurt or suffering. There is little, if any, evidence of caring for other people.

Sample response to Kristine/Chris dilemma: *" Tell her mother to go home. If they don't get along, there wouldn't be any hard feeling. Her mother would not expect to be welcomed. It is only natural to say no. If she likes living on her own and likes her privacy, she sure doesn't want her mother there. I can't see how the daughter would invite her to stay. Help her mom find an apartment nearby. It is kind of pointless if they don't get along to live together, because both of them will be unhappy, especially Chris, if she is that much happier living on her own than with a friend whom she does probably get along with, then if she is living with someone she doesn't get along with, why*

*bother? Just say, 'Well, Mom, I'll visit you'. She could figure out another way. It is kind of hard when it is your mother but I would still try. (WHY?) Because she will be unhappy. They will be fighting all the time and arguing. She wouldn't even want to come home from work or whatever. It is the worst thing, having to live with somebody you don't get along with. You hate going home.'*¹

Level 1.5 is the transition from survival to responsibility. Movement is towards responsibility that entails an attachment to others. Concepts of “selfishness” and “responsibility” first appear. Although there is now some concern for other people, survival of the self is still the main aim.

Sample response: *“I suppose she has to let her stay for a little while, anyway. You can't very well turn your own mother away. But after a while you have to have a heart-to-heart discussion about why it is not fair for the mother to dump on her daughter. Hopefully, they could figure out something, she could rent an apartment near her daughter and they could visit. Because after a while they are going to realise how little they get along anyway, so the mom is probably wanting to leave anyway, hopefully. If not, the daughter has no choice but to ask her to leave. They don't get along anyway. She is infringing upon her life and not making her any happier, so she has to go. (WHY WOULD YOU TAKE HER IN IN THE FIRST PLACE?) Because if somebody landed on your doorstep you at least want to hear the story. You don't talk to somebody through the keyhole, so you have to let them in and let them stay for breakfast and then they can go.”*²

Level 2 is characterised by conventions of goodness (caring for others). This perspective is characterised by a strong emphasis on responsibility, obligation and commitment. The person adopts societal values, and conventionally-defined goodness becomes the primary concern because survival is now seen to depend on the acceptance of others. “Good” is equated with self-sacrificing caring for others, and “right” is externally defined, for example, by the church, parents, or society.

¹ All sample responses, including bracketed interjections in upper-case, are taken directly from Skoe's (1993) Ethic of Care Interview Manual.

Conflict arises specifically over the issue of hurting, and others are helped or protected, often at the expense of self-assertion:

Sample response: *“Try to find some other place for her mother like with another older person. I would not want my mother there. Talk it over with her mother and tell her that she doesn’t want her there. But, until they get it worked, she should stay with her mother and try to work things out as best she can. (WHAT WOULD YOU DO IF YOU WERE IN THAT SITUATION?) If the mother is lonely, I could never say no to my mother. You can’t just turn her away and leave her there. Because your parents have brought you up and the least you can do is help them out in a time of need. I’m sure if you were lonely and you went to their doorstep they would take you in. It is the only right thing to do to accept her.”*

Level 2.5 is a transition from a conventional to a reflective care perspective (from “goodness” to truth about relationships). This transition phase is marked by a shift in concern from goodness to truth and honesty. There is a reconsideration of the relationship between self and other as the person questions the “goodness” of protecting others at one’s own expense.

Sample response: *“It would be nice if the mother could stay and she could help her mother find her own place and friends. I would hope she would take her mother in, for a bit. I can also see the mother taking advantage of the situation and outstay and that would probably wreck the relationship between both of them. Some people can’t live together. It would have to be a short-time thing. I would do that for anybody, a friend, or a mother, or sister, if they need help or need company. I have been in the same situation myself and I would hope somebody would do the same for me.”*

² The sample responses given here to illustrate the levels would be given in response to the Kristine dilemma.

Level 3 is the ethic of care (caring for both self and others). The criterion for judgement has shifted from goodness to truth and honesty. The morality of action is judged not on the basis of how it appears to others, but on the basis of its actual intention and effects. This perspective emphasises the dynamics of relationships, and achieves a balance between selfishness and responsibility through a new understanding of the complexity of connections between others and self. No longer restricted by social convention, the person is able to make his/her own choices, accepts responsibility for decisions and takes control of her/his life. Criteria for goodness become internal. There is now a balance of moral considerations between self and other, and both are included in the compass of care. Attempts are made to minimise hurt to all parties.

Sample response: *“It depends on how her mother is, if they have been getting along in the past and respect each other’s space. If the mother is sensitive or coherent enough to say ‘Look, I really need some time by myself and we have to be a little independent’, then she could probably work out some sort of a system of sharing and respecting each other. But if her mother was one who was constantly needing someone to talk to and someone to listen even if it had been repeated a hundred times a day, then I would definitely advise against it. (WHY WOULD YOU DO THAT?) Because she would be more unhappy putting up with that situation than if she turned her mother away. Although she would have to think about her mother as well, she has to think mostly about herself because she has to live with herself. It is a delicate balance, it has to depend a lot on how the two people are. If they didn’t get along very well, I would advise against it. Because there would be fights, and the poor relationship they had before they moved in together would get increasingly worse. Then you would have two parties very unhappy.”*

The participant’s response to each dilemma is thus classified into one of five discrete levels. A total score is gained through the summation of the ratings on the four dilemmas, with a range of 4.00 to 12.00 for any single participant. The overall level scores for the ECI are determined by dividing the

total scores by four (Skoe, 1993), and then rounding off to the nearest 0.5 level (for example, 2.56 becomes level 2.5).

2.4.1 Applicability of the ECI in SA

As noted by Skoe (1998), it is important to consider the implications of using the ECI in a context containing cultures and ethnic groups that may be markedly different to those in which previous research has been conducted. Therefore questions needed to be asked about the generalisability and appropriateness of the dilemmas, in the light of the composition of the sample. The present research, although somewhat limited in sample size and non-longitudinal in nature, is cross-cultural in terms of the cultural and ethnic disparities between the two major sub-groups making up the sample group. For the purposes of comparing results gathered in this study with available research using the ECI in foreign samples, this process is necessary.

Following the recommendations of the author (Skoe, 1998) of the measure, several issues had to be carefully considered when using the ECI amongst Xhosa-speaking students in the Western Cape. Kanjee (2001), in providing an overview of issues related to the cross-cultural adaptation of tests and measures for use in the South African context, makes the important observation that the content of a measure may mean different things to different ethnic groups. Therefore, Kanjee (2001) calls for researchers to be non-discriminatory, unbiased and fair to these different ethnic groups in the use and development of a measure, as well as interpretation and reporting of all data gathered using that measure. While further, and more extensive use of the ECI in this context would be most instructive for the purposes of adaptation (if any), certain steps needed to be taken in order to attend to the issues highlighted by Kanjee (2001).

It was decided to take the instrument to two independent researchers, both of whom of Nguni origin, and both involved in the field of social sciences, for their perusal. Copies of the dilemmas in the ECI were given to each researcher, along with a brief summation of Skoe's (1998) work. This was followed up by individual consultation. Both of the researchers felt that, due to the choice of sample (university students), the dilemmas would be appropriate. However, certain important contextually relevant points, pertaining to each dilemma, need to be mentioned. Kgamadi Kometsi, a Clinical Psychologist at the University of Cape Town, raised the following issues.

The Lisa dilemma: A situation that involves an unmarried woman getting pregnant, in the course of a love affair with a married man, has been dealt with in a relatively uniform fashion in Xhosa, and indeed, African, culture in South Africa (personal communication, K. Kometsi, 15 April 2000). The most common approach amongst individuals (who are still adherent to traditional practices) would be to leave the child with the mother's parents, should the mother become involved or married to another man following the child's birth. However, notwithstanding this practice, it appears most likely that the Xhosa participants have a high degree of access to the various options that any individual may have, regardless of race, who might find themselves in this type of situation. As the African participants are all resident in Cape Town and surrounds, the independent evaluators felt that they (the participants) may operate more independently from some older traditional practices. Therefore it was decided that it would be acceptable to use the dilemma in its original form, amongst the sample in this study.

The Betty dilemma : An important aspect of traditional African society is the patriarchal practices that exist in the family structure. As a result, it is more likely in these communities that men will leave marriages (personal communication, K. Kometsi, 15 April 2000). This is borne out by Rheeders (1998), who comments that brides in African marriages often have very few rights in the early parts of marriage. The same author notes that the practice of polygamy needs to be considered

when looking at African marriage. Whilst this practice is slowly dying out, it can be seen that men would be much more likely to leave marriages than women. However, further scientific research is needed to assess the nature of this issue.

With regards to this specific dilemma, an important consideration was whether to adjust the roles played in the dilemma in order to provide a more culturally accurate reflection of separation patterns in African marriages. This would entail changing both the Betty and Erik dilemma by having the male partner leave the marriage in both dilemmas. Yet it was also considered that the occurrence of the wife leaving the marriage is not entirely uncommon.

In such cases, there exist traditional ways in which to resolve the problem (Rheeders, 1998). For example, a traditional African method for resolving this specific dilemma would be for Betty to call in her father and mother-in-law to intervene (personal communication, K. Kometsi, 15 April, 2000). For this reason it was decided that the dilemma was acceptable for use amongst the present sample under study.

The dilemmas were considered to be non-discriminatory, unbiased and fair, in terms of content and application (personal communication, K. Kometsi, 15 April, 2000).

2.5 Unconscious and Morality

In the light of the term “unconscious collective empathy” (De Vos, 1998a, p 6), and its relationship to *ubuntu* (De Vos & Goulding, 1997), it is appropriate to consider in more detail theoretical underpinnings pertaining to the concept of the unconscious. Consciousness and unconsciousness will be discussed, and their relation to moral development briefly considered.

2.5.1 The unconscious

Jung (1964), in his seminal work '*Man and his symbols*', introduces his treatise on the role and function of dreams by discussing the symbolic meaning of a word or a symbol when that word or symbol is used to imply meaning other than that which is directly obvious in its usage. In all aspects of life individuals may use words, symbols, pictures and gestures to imply or illustrate meaning other than that which is immediately accessible. Jung refers to this part of meaning as a "...wider 'unconscious' aspect that is never precisely defined or fully explained" (p 20). He goes further to describe that therefore, while humans consciously use symbols, words and ideas, the human mind contains many unconscious aspects of our perception of reality. Jung insists that every experience contains an indefinite number of unknown factors that contribute to the fullness of that specific experience or situation (Jung, 1964).

As noted by Benjafield (1994), the field of psychology and its adherents often refer to unobservable psychological entities such as *the self*. However, there are notable concepts that refer to something that is actually there, such as the *unconscious*. This concept has had a very long history, and yet some theorists have refused to accept the necessity of positing the existence of an unconscious in humanistic research (Benjafield, 1994). In proposing the importance of psychological events that occur below threshold, and their relevance to the conscious process of decision-making around ethics, it is crucial to recognise that recent experimental research provides strong evidence for the existence of the unconscious (Benjafield, 1994).

Furthermore, Langford (1995), in considering moral reasoning, suggests that there seems little reason to restrict the focus of research arbitrarily to what are rational and conscious, as opposed to irrational and unconscious, reasoning processes.

2.5.2 The conscious and the unconscious and their relation to moral development

The focus of this study is not to extrapolate upon the unconscious dynamics implicated in moral behaviour, but rather to explore the interacting implications of depth psychology and moral reasoning. If the possible contribution of this view is acknowledged, it would perhaps be prudent to examine the exhibition of moral reasoning on levels other than those exhibited by the fully conscious person. It thus may follow that individuals may moralise, with pertinence to a specific situation, in a different manner when they are in an altered state of consciousness (De Vos, 1995). Therefore, it is felt that altered states of consciousness that provide a path to the organismic views of an individual, influenced by the cultural unconscious (Adams, 1996; De Vos, 1995) in which an individual is placed, need to be taken into account.

In order to substantiate the use of hypnosis as a means for accessing the innate 'thinking' potential, a developed understanding of the unconscious and its connection to morality is integral. When attempting to define the unconscious, it is necessary to examine both Freud and Jung's particular contributions towards a contemporary understanding of the unconscious. In this vein, the work of Klein (1923, 1928, 1930, 1931, 1948, 1955, 1955, 1963) may be considered. In her work, based almost exclusively on analysis of clients, Klein extended Freud's work on the unconscious, contemporising its importance to considering social movements of today (Mitchell & Black, 1995):

...she generalised a way of thinking about mind and self that is, in fact, consistent with and in some sense reflective of many of the themes that characterise contemporary culture, often associated with the term 'post-modernism': the decentering of the singular self, the dispersal of subjectivity, and the emphasis on the contextualisation of experience. (p 111)

Klein's insistence on grounding experience in context (in Mitchell & Black, 1995) assists in building an understanding of the relevance of thinking about the unconscious as part of an

individual's own capacity to relate to both self and other with care, as well as the collective processes from which an individual originates. Thus, in more 'traditional' psychoanalytic theory there exists a trace of substantiation for the view suggested by the work of De Vos and Goulding (1997), amongst others, that in theorising around the functions of the unconscious, care needs to be taken in understanding the context of the unconscious processes that inform behaviour, and indeed, moral development (De Vos, 1995).

Samuels (1985) provides a succinct discussion of the differences between Freud and Jung, arguably two of the most prominent thinkers in the field of analytic psychology and psychoanalysis. For Freud, the superego represents the psychical agency that constitutes the conscience and morality. This superego develops from images of the prohibitive same sex parent, in what is suggested to be the Oedipus complex (Hergenhahn, 2000). Freud emphasised that the elements of this complex are stored as a repository of repressed, but once conscious, material in the form of each person's unconscious (Freud, 1955).

Like Freud, Jung used the term unconscious to describe mental contents that are inaccessible to the ego. He also used this term to suggest that within each individual's psychic structure there exists this 'place' with its own character, laws and functions (Samuels, 1985). However, he did not regard the unconscious merely as a store for repressed personal experience, but also as a realm of psychological activity that transcends personal experience altogether, relating directly to the instinctual bases of the human race.

In contrast to Freud, Jung viewed morality and moral thinking as innate. For Jung, thinking in moral terms is a function of that which pre-exists our spiritual and present selves (Jung, 1970), in the form of the basis of the human race that is located in collective human instinct. Many theorists have

subsequently attested to, and supported Jung's posited notion of a 'collective unconscious' (Moller, 1993).

According to Jung, total unconsciousness would prevail if a distinction between good and evil were not drawn. This is because man in his natural state would be like an animal, neither good nor pure. However, that which is in each individual's own unconscious is in the form of the collective unconscious, which is influenced by the archetypal processes to which the individual is exposed (Samuels, 1985). Due to the variety in context and human experience, this inherited predisposition to respond to certain aspects of the world that the individual is exposed to, (Hergenhahn, 2000) will be influenced in each individual by all variables in, or aspects of, that individual's life.

In proposing links between the caring ethic and the unconscious as it is being understood here, would necessitate examples of how archetypes have been integrated into the psyche of the person, with specific reference to the South African context. The afore-mentioned concept of "collective unconscious empathy" (De Vos & Goulding, 1997, p 8) amongst the Xhosa is particularly relevant in this regard.

Quite possibly, the identification of the feminine with earlier, unconscious stages of the mind, and the masculine with later, more developed stages, arose out of a cultural situation in which women were given the primary responsibility for early child rearing, and men did not play an important role until later on. We can only speculate what sorts of identifications might be produced by a society in which childcare was shared equally between the sexes (Greenfield, 1985). Our current gender stereotypes, especially those of white South Africans, come out of a long tradition of Western myth, and are thus invested with a great deal of psychological significance (Greenfield, 1985). De Vos (personal communication, April, 2002) argues that this is due to the fact that *apartheid* is, in a sense, a system that finds its origins within the western paradigm. Therefore, the process of identification

(Greenfield, 1985), leading to the inculcation of gender stereotypes, has been informed by a paradigm of discrimination and subjugation, premised upon strictly controlled prescribed gender-roles. This has led to the feminine being largely oppressed (Van der Post, 1989), yet also accentuated amongst certain groupings, such as African females.

In traditional African myth, which acts as a reflection of traditional values (Mutiso, 1974), women are presented as appendages of male characters, and take the functional role of maintainers of the man (Makgamatha, 1992), or of subordinates performing subordinate roles (Sebakwane, 1993). Ancestors, the “guardians of morality” (Obengo, 1997), are predominantly male in representation. This indicates that moral development in African culture, too, has to a large extent been understood from a male perspective. If we are to be concerned with modifying these stereotypes, then we must begin by attempting to understand as deeply as possible not only the nature of our cultural myths and categories, but also their significance for the psychological development of the individual. While these myths retain the inherent stereotype, the potential for the expression of an ethic of care remains within this stereotype, as the woman in African myth is the bond between the self and the other, and holds the mantle of responsibility for maintaining and caring for relationships (Makgamatha, 1992).

A common metaphor in fairy-tale is that the treatment given to one’s unconscious will determine how one’s unconscious treats one in return (David, 1991). This is in parallel to the prominent African ideological practice of *ubuntu*, which holds that one should treat another as oneself. While this concept deserves fuller investigation here, suffice to recognize that within *ubuntu* inter-relatedness with others is emphasised, and caring for the self is reflected outwardly, in terms of others (personal communication, C. Dugmore, 24 June, 2001).

Our conceptions of masculinity and femininity have often been formulated in terms of a male principle and a female principle, and over the years, these principles have come to be associated with different areas of psychological experience. From a different perspective, Antonio (1997) explains this process with relevance to southern Africa by noting: "...it is men who monopolise the symbolic capital or the cultural means for defining different forms of identity" (p 309). The same author, with regards to the specific functions displayed by men and women, goes on to state that: "...relationships are ordered in terms of gender and sex roles" (Antonio, 1997, p 312).

In myth and cultural tradition, the archetypal feminine has usually been associated with the unconscious, and the masculine with the ego and its functions. Samuels (1985) contends that within this paradigm, the collective unconscious inside each person possesses knowledge and thinking. It follows that an aspect of this ability to think would be moral thinking, and the capacity to apply this thinking to the dilemmas that occur in every-day life. Bührman's work (for example, 1981; 1984; 1989; 1998) indicates that an important underlying factor of this process of thinking in the Xhosa, (perhaps not present amongst white South Africans) would be an emphasis on relatedness, or as noted by De Vos (1998a), the collective empathy that exists within Xhosa community.

According to Strachan and Strachan (1985), the qualities we seem to have lost, and which are needed today, are those associated with the feminine pole of human experience. These include qualities such as care, co-operation, compassion, self-giving, nurturing and a sense of continuity and oneness of life. Although traditionally associated with women, these attributes can be found in both women and men.

In summarising the link between the unconscious and morality, it is perhaps instructive to take cognisance of the work of Joseph (1992), who proposes that, if the unconscious region of the mind had complete access to the areas of the brain that stimulate language and speech, then it (the

unconscious mind) would probably share it's 'well-kept secrets'. This author then is proposing a way of strengthening the ties between an individuals capacity to think about an issue using her or his unconscious mind, and respond to it in words. It is beyond the focus of this study to conclusively state how unconscious processes influence decision-making, yet the possibility of sustained stereotypes regarding role expectation and inner relational conflicts which are not immediately accessible to the conscious mind, should not be discounted. In order to access these 'well-kept secrets' then, and in order to take into account the "... collective organismic wisdom..." (De Vos & Goulding, 1997, p 3), hypnosis will be used for the administration of the unconscious-type interviews.

2.6 Hypnosis

The nature and origins of hypnosis will be briefly discussed, and the theoretical evidence for the link between hypnosis and the unconscious, reviewed. The style of hypnosis used will be considered, along with the direct and indirect techniques used therein. Other issues related to the experimental use of hypnosis will also be briefly assessed, including factors that may affect the manner and type of responses elicited by the dilemmas.

2.6.1 Early origins and development

The earliest origins of hypnosis date back to ancient Greece, to the temples of Aesculapius, the Greek god of medicine, where it was the practice of priests to utter advice and reassurances to the patients as they slept (Friedman, 1998). For many, these words were interpreted as the gods speaking (Friedman, 1998). This is in interesting parallel to the view of Berg (1998, p 25), who notes that in the African context ancestors, while symbolising the collective unconscious, embody “... the angels and gods of western culture...”

In the late 18th century, a young German doctor by the name of Franz Mesmer was among the first to begin to recognise the immense potential of hypnosis or ‘mesmerism’ to psychic investigation - both as a means of treatment for mental illness, and a method of investigating individual patterns in thinking (Van der Heyden, 2001). Central to his work was the emphasis on the ‘rapport’ or relationship between the hypnotist and the patient. The dynamics within this relationship have subsequently been central to the use of hypnosis.

Practitioners of hypnosis in Europe at that time, most notably Charcot, Breuer and Freud, believed in placing a person under hypnosis in order to allow that individual to respond more freely to

suggestions or questions put to him or her. It was believed that the ‘subjective alteration’ of the person being hypnotised was the key element of hypnosis (Orne, 1959), a process leading to an altered state of consciousness (Rowe, 1998). However, it should be borne in mind that there are perhaps as many definitions of hypnosis as there are definers (Kroger & Fezler, 1976), for, as noted by Watkins (1999), therapists and researchers often orientate themselves within the field of hypnotic practice in a diametrically opposite manner.

Coles (1982), quite succinctly, points out the chief characteristics of hypnosis as being antecedent variables to the relaxed state. These include suggestions and an altered state of consciousness (Coles, 1982). Expanding on this, Gruzelier (2000) roughly defines hypnosis as an altered state of the functional organisation of the brain, involving inter-relations between brain regions initiated by the hypnotist. Recently, the phenomenon has come to be seen as an interactional process, where the focus is on the relationship between the hypnotist and the hypnotised subject. Subjective reports are gathered as a result of this interactional ‘synchrony’ (Gruzelier, 2000; Varga, Banyai & Gosi-Greguss, 1999).

At present, theorists have focused on the attainment of this synchrony in hypnosis where the state of hypnosis is viewed as an “extremely relaxed state obtained through imagery and meditation” (McMaster, in Rowe, 1998, p 1). Indeed, hypnosis is traditionally associated with suggestions of relaxation (De Vos, Potgieter, & Blaauw, 1999). It is apparent from a review of the different theories and approaches to hypnosis that the hypnotic state is multi-factorial (Watkins, 1999), and that different approaches are used for experimental or laboratory hypnosis, clinical hypnosis and stage hypnosis.

While it is necessary to consider many different views and theories regarding the aspects of hypnosis, it should be borne in mind that the present usage is both experimental in nature and

contains aspects of hypnotic theory from these different approaches. It is difficult to make use of a singularly distinct form or type of hypnosis, or to define such, and perhaps to attempt to do so would preclude phenomena and variables particular to the present research.

For the purposes of this research, hypnosis will be understood as a deeply relaxed state, where the individual may experience alterations in his or her state of consciousness, through the experience of hypnosis (De Vos, 1998b). This altered state of awareness is at times characterised by the ability to respond to suggestions made (De Vos, 1998b) through differential motivation, perception and self-control. Crucially, for the purposes of this study, through the process of hypnosis, it is suggested that a participant may become aware of beliefs or issues she or he had not been previously consciously aware of. As noted by Smith (2001), relaxation-hypnosis refers to the use of relaxation as the induction technique, where suggestions of comfort, warm, lightness of body, calm and ease are used in the arousal of individually-specific relaxation images. A deepening technique (De Vos, 1998b, 1999b) is used in order to take participants into a hypnotic state. If the participant is resistant to the deepening process, the induction is terminated, and the hypnotic procedure suspended (De Vos, 1999b).

The hypnotic process and procedure can be understood as being person-centred in nature, as the relationship between the hypnotist and the participant is of central importance. The type of induction utilised is largely indirect and phenomenological, as events from the participant's own life are garnered in the relaxation process (personal communication, H. de Vos, 17 September, 2001). Furthermore, as suggested by Barber (1999), the above must take into account three dimensions in which the hypnotic experimental process will occur:

- The paradigm of social psychology in which the experiment will occur, in this case investigating the ethic of care in relation to the history of South Africa.

- The dimension of the hypnotist - his or her orientation, views and personal phenomenology.
- The dimension of the instructions and suggestions used when conducting the interview - the particular questions posed in the ECI, and how these are explored by the hypnotist.

2.6.2 Consciousness and Hypnosis

Conscious thought is in some ways controlled by unconscious thinking, although this control cannot be accurately assumed to be total in its nature. Indeed, one of the greatest contributions of the work of Freud was to extend the idea of mental activity inward. MacIntyre (1958), in his comprehensive study of Freud's thoughts on the unconscious, provides one of Freud's definitions of this elusive concept: "The Unconscious is an omnipresent background to conscious and overt mental life and to behaviour. It exerts a continual causal influence upon conscious thought and behaviour" (p 31). Thus, the thinking function, a process of decision-making that is part of most individuals' lives, is subject to processes that are not conscious, or, in some cases, not even subject to conscious introspection. According to Robertson (2001):

We seldom realise the power contained in an act we perform thousands of times a day.

Choice is something unique to consciousness and real choice resides in the conscious mind.

The unconscious mind has immeasurable power... but for all its power, it cannot choose.

(p 3)

The question of the aetiology and nature of different states of consciousness can be seen as one of the oldest but also of one of the most controversial in several scientific disciplines (Wenzel, Semler, Stompe, & Meszaros, 1997). The nature and usage of hypnosis, and the forms in which it is used, are no different. The use of hypnosis as a means of assessing 'unconscious' responses has been associated more with its psychotherapeutic usage, than with being a means of assessing responses to a care-based measure of morality.

Understanding the commonly accepted characteristics of the hypnotic state, as well as the basic theoretical underpinnings of the inductive technique used, is informative for the purposes of this research. Chertok (1982) concludes that hypnosis and the unconscious mind are closely linked, and that the proof for the influence of the psyche on behaviour lies in post-hypnotic suggestion. The notion that information outside of conscious awareness will influence behaviour is supported by Kihlstrom (1987). Suffice to note that the use of hypnosis as a means of accessing the unconscious part of the bifurcated mind, or as a pathway to thoughts and feelings that are outside of conscious awareness, is well documented (Rowe, 1998).

Understanding and measuring unconscious experiences and responses in every day life, included under the topic of hypnosis, have, in recent years, become the focus of substantially more research attempting to more succinctly define hypnosis (Van Niekerk, 2000). The application of an instrument under hypnosis aimed at assessing responses to presented moral dilemmas, is in keeping with this trend.

In the act of making a decision, choosing, or exercising moral judgement, the conscious mind is constantly being supported by other resources, some of which are not conscious. According to Merkur (2001), the conscious mind in the hypnotic state, while 'awake', remains resting, and the role of unconscious rational processes come into play in the interpersonal context. The same author strongly supports the presence of these processes in empathic moral reasoning and the individual's response to decision-making in his or her life. The view of Merkur (2001) is in agreement with the call made by De Vos and Goulding (1997) for a consideration of unconscious empathic processes in understanding moral development, and specifically, in the context of this study's concern with care-based reasoning.

2.7 Hypnosis and the Ethic of Care Interview

As stated earlier, the motivation for using hypnosis in the present study is as a means of accessing those contents of the psyche that are inaccessible to the ego. It is felt that the participants may respond to the ECI dilemmas in ways that are influenced by context-specific unconscious processes (Adams, 1996; 2001; De Vos, 1995) when under hypnosis. The nature of contextual variables will be different to those of the interviews conducted in a conscious state, and it is expected that a de-emphasising of external, contextual variables and a greater emphasis on internal variables, may occur. These variables may include changes in perception (De Vos, 1998), for example; changes in how an individual responds to a dilemma put to her or him. Oakley's (1992) structural model for thinking about hypnosis and consciousness neatly describes how both dissociation and socio-cognitive factors can be understood as contributing to the hypnotic process. This model will be returned to later in this section.

2.7.1 Embodied Relational Approach

In performing the interviews under hypnosis, aspects of an approach termed the *embodied relational approach* were adopted. Totten and Edmondson (Totten, 2001) developed this style from a variety of different therapeutic approaches based on the humanistic view of the self as integrated mind/body/spirit. Totten (2001) comments: "Our nature seeks to express itself freely while at the same time protecting itself. This double task of expression and protecting makes us subject to contradictory pulls, and offering double messages about what we feel..." (p 18). The approach described by Totten (2001) is in parallel to that used by De Vos, (1998b), in that there is an emphasis on providing an experimental space, based on the relationship between the hypnotist and the participant, which is conducive to the accessing of unconscious beliefs and concerns.

Most individuals at some point express being uncertain, confused or simply unable to make up their mind around some issue or question. By extension, even when perhaps faced with a more serious situation, many people find it difficult to either decide, or express their true wishes.

The dilemmas used in the ECI are good examples of this. Totten (2001) observes that many individuals adapt their own behaviour, decisions, or the way they express themselves, as a result of context in which they live. Many theorists, particularly in the field of social psychology (Finchilescu, 1991), have made reference to the above in a considerable body of theoretical work. The particular contribution of Totten (2001), though, is his proposal of very simple guidelines for allowing an individual to respond freely through an awareness of how he or she feels.

Due to the nature of the ethic of care and its emphasis on a sense of relatedness and feeling, these guidelines are of particular relevance to this study.

The first is that the relationship between the individual being interviewed and the interviewer, regardless of duration, needs to be of a supportive without being invasive (Totten, 2001). Through attempting to make the interview context as gentle and non-threatening as possible, the individual feels more free to respond on a personal 'feeling' level, as opposed to responding in terms of what he or she feels is the expected or most appropriate answer. By attending to the heightened relaxation and breathing patterns of the individual, he or she may experience less anxiety in being spontaneous (De Vos, 1998b). Totten (2001) describes this process:

When one tries to allow the breath to happen freely while attending to it consciously, consciousness and spontaneity seem to interfere with one another. Through this process, what may occur, and what does occur in our lives is the 'spastic I' – the ego that is based on body tension as opposed to body awareness. (p 19)

Thus the focus of the embodied relational approach is the emphasis on re-establishing fuller, more spontaneous breathing so that the individual can be attuned to a level of feeling to respond from. In other words, to promote an ethic of care in the participants, through encouraging an awareness of self as a function of the relationship between subject and interviewer in the interview. The practical methods employed for this varied quite considerably for the 'conscious' interview and the interview conducted under hypnosis. For the conscious interview, apart from the prior contact regarding setting up each individual interview, approximately 15 minutes were set aside in order for the participant to relax in whichever informal manner he or she saw fit. Contact was conducted in a warm, personal fashion with an emphasis on allowing the participant to feel at ease.

For the interviews done under hypnosis, care was taken firstly to answer any questions participants had pertaining to the process of hypnosis. Secondly, induction was done through the visualisation of stimuli both chosen (De Vos, 1998b) and expanded upon by the participant. Once the suggestibility of the participant to hypnosis was assessed, using the Stanford Hypnotic Suggestibility Scale (Weitzenhoffer & Hilgard, 1959; 1962; 1967), the deepening procedure described by De Vos (1998b) would be initiated.

2.7.2 Relationship between interviewer and interviewee

As the interview is the form of investigation for this study, it is crucial to consider this relationship. Although the interview is relatively structured, at times the subject was prompted or encouraged to expand on a point he or she has previously made in responding to one of the dilemmas. In this way, the interviewer's own context might have had a bearing on the manner in which the interviewee responds to each dilemma. Thus this relationship should be viewed as a discourse. Mishler (1991) describes the nature of this discourse as the interviewer and the subject together constructing the meaning inherent in the interview. Therefore, both parties will influence what is deemed relevant and appropriate as a response to one of the dilemmas in the ECI. The interviewer will influence the process through what is prompted, while the interviewee will choose what he or she feels comfortable to say. In the light of this, the researchers will attempt to attend to the discursive (Smith, Harré, & Van Langenhove, 1995) nature of the interview as suggested by Mishler (1991). The relationship between each interviewer and interviewee is nurtured through attempting to develop an open, trusting and warm approach to each interview.

2.7.3 Implications of using the ECI in a conscious state and with hypnosis

There are considerable differences between applying the measure in a conscious state and under hypnosis. Firstly, the conscious application of the instrument takes approximately 25 minutes, while the interview under hypnosis is between 45 and 60 minutes in duration. Secondly, it had to be considered that individuals can undergo varying experiences when being hypnotised for the first time. These experiences across subjects include physiological, emotional and physio-motor changes (Sunnen, 1999).

2.7.4 Type of hypnotic technique used

The type of hypnosis used in conducting the ‘unconscious’ interviews is closest in theoretical grounding to the technique described as Ericksonian hypnosis (Matthews, 2000). According to Matthews, the three core constructs of this technique are (1) a belief in an altered state of consciousness and the existence of specific markers indicating an altered state; (2) the use of indirect suggestion as a superior technique to direct suggestion; and (3) the hypnotisability of the subject as a direct function of the hypnotists skill. However, more extensive research is needed to provide empirical support for these key assumptions.

Camino, Gibernau and Araoz (1999) identify the basic premises of the same technique in a slightly different fashion. According to them, the core aspects are as follows:

- (1) a naturalistic orientation, which conceptualizes therapy and trance as natural processes; (2) an indirect, directive orientation, including hypnotic suggestions; (3) conceptualization of clients as able to respond to hypnotism, with each responding differently to the same stimulus; (4) use of everything the patient brings to therapy; (5) an orientation to the patient’s present and to the future; (6) emphasis on the positive; and (7) an approach that includes the family cycle. (p 24)

Several points of divergence from the core constructs identified above, exist within the technique used in the current study. Firstly, direct and indirect suggestions were freely interchanged, depending on the response of each particular subject. Secondly, an underlying belief in the possible existence of an inherent “...creative mind...” (De Vos, 1998b, p 5) in the psyche of each individual, which contributes to the hypnotisability of that subject (De Vos, 1998b) was maintained.

With regards hypnotisability of the subject, Varga *et al.* (1999) point out that since the work of Orne (1959), the focus has been to understand the phenomena of hypnosis as an interactional one, where

the subjective alteration of both the subject and the hypnotist are of concern. Due to one of the underlying aims of this study being an attempt to administer the ECI under hypnosis, signs or indicators of altered state during each interview would be crucial to the study. Varga and her colleagues (1999) assert that these signs of altered state can be found not only in the subject but also in the hypnotist. A short review of these signs is therefore instructive. What is helpful about these identified indicators is that they have been found in research focusing on the phenomenological reports of hypnotists.

The first, and perhaps the most well-researched factor in detecting that an individual is in an altered state, is the subjective conviction he/she reports to being in an altered state (Varga *et al.*, 1999). The following factors are postulated by Varga *et al.* (1999):

- Body relaxation, calmness;
- Involuntariness;
- Increased imagination and dissociation of cognitive functions;
- Common feelings, feelings of 'being together';
- Positive effects of hypnosis on the hypnotist;
- Spontaneous partial amnesia.

What is apparent from an overview of the work of Varga *et al.* (1999) is that many changes are experienced by an individual who is hypnotised. As can be seen from some of the work presented here, there are nonetheless different theories on how these changes should be explained.

There appear to be divergent views within the field of psychology regarding whether hypnosis should be viewed exclusively as an altered state (for example, Hilgard, 1977), or as the result of social psychological processes (for example, Spanos, 1986). In the former, the hypnotic experience

is explained in terms of a process of dissociation between the executive control of the mind and the various cognitive sub-systems in the brain (Hilgard, 1977). In the latter, the phenomenon arises from normal behavioural and cognitive processes operating in a different way, due to the demands of a special social situation (Spanos, 1986). Of particular relevance from the above is the view of Hilgard (1977) pertaining to the existence of a *hidden observer* sub-system of the mind, which is not available to a person during normal consciousness, but which can be accessed through hypnotic procedures. The social psychological view, in contrast, holds that the suggestions of the hypnotist can alter the subjective experience of the individual, through the use of cognitive strategies. Perhaps the work of Oakley (2002), which allows for a structural (Oakley, 2002) model, (involving both of the above sets of factors), of conceptualising the hypnotic process, is instructive for this study:

In the structural, or neo-state (Oakley, 1998), model presented here, hypnotic influence and suggestion both operate at the level of the executive control system. Suggestion is one of the external influences along with expectancy, task demands, compliance needs, pressure towards role enactment, and so on, which forms part of 'hypnotic influence.' State, or dissociation, models generally do not make adequate provision for socio-cognitive factors. The self-awareness system experiences hypnotic phenomenon in an involuntary, state-like way and, as noted above, if we listen to what 'good' hypnotic subjects tell us of their experience, as clinicians tend to do, we would lean towards 'state' explanations involving dissociation, involuntary actions and amnesic barriers. If, however, we take account of the conditions that are capable of influencing the content and nature of those subjective experiences, as experimentalists are wont to do, then we would incline towards sociocognitive explanations. In the structural model both views can be accommodated. (p 75)

In conclusion then, hypnosis has been presented as a means of accessing unconscious processes that may have a bearing on young South African's responses to the ECI. Possible links between altered

states of consciousness, socio-cognitive factors and the facilitation of participant responses to the ECI, have also been recognised. Available literature considered here, if thought about in the light of factors discussed in chapter 2 of this study (for example, *collective unconscious empathy* (De Vos & Goulding, 1997) suggests that participants may make use of resources that they are otherwise not aware of when they are under hypnosis, and this may invoke unconscious processes in the responses to the ECI.

3. **Literature overview**

3.1 **An African model? Issues for consideration**

What is clear from a consideration of the available findings gathered so far using the ECI, is that how individuals perform on the ECI can be influenced by different factors (Skoe, 1998). Yet much research remains to be done, like that which is needed to investigate possible relationships between culture-specific values and the extent to which individuals approach their relationships. Mkhize (1998) provides four factors that he believes influence moral thinking in the African context, the notion of vitality, the unity of all that is around us, communal life and the hierarchy of beings. Along with these factors should be considered the role of ancestors as a central aspect of identity (Rheeders, 1998). This research has attempted include these variables as they contain important elements of African ways of understanding the phenomena of relationships.

In the view of Mkhize (1998), the field of moral development from a Western perspective often ignores the contribution of religion or spiritual practice. While it would be irresponsible to accept this view as representative of all western models of ethics, an interesting issue must come under consideration. Understood from the African point of view, ethics, and indeed morality, cannot be separated from both religious practice and the actual lived experience of an individual (Mkhize, 1998). The African morality thus seems firmly grounded in the practices that sustain both community and individual. This is reflected in the work of Bührman (1981; 1982b; 1984; 1989; 1998), Berg (1998), De Vos (1995), and De Vos and Goulding (1997). However, terms such as connectedness and family orientation are not the sole preserve of African culture, as for example, Gilligan (1982) has shown that women tend to value connectedness over and above separation.

The current study has been informed by the notion of a dialogical (rather than self-contained) self, which takes into account the historical and socio-cultural rootedness of personhood (Cushman,

1990), involving contextually arising archetypes (Jung, 1964). This is in the view of the present author, an attempt to compromise between differing theoretical models of personhood and identity.

In this chapter, available theoretical work and research results (pertaining to moral development) from the South African context will be considered, as well as results gathered from previous usage of the ECI. It is the intention of this author that the work presented here is considered in the light of the theoretical body in chapter 2 of this study.

3.2 Relevant findings: South Africa

In order to gain the most holistic understanding of the dynamics involved in all aspects of an ethic of care, one seeks to investigate all possible influences and factors in the exhibition of the phenomena under study. Due to the obvious constraints regarding a full evaluation of any process that occurs adjunct to the massive change in South Africa in the last eight years, that is not possible in the present study. Previous research using the ECI, as well as other relevant findings concerning studies investigating identity in the South African context will be considered.

The most explicit support for an examination of the care ethic in young South African students lies in a rather limited body of work. Contextually, information pertaining to moral reasoning in South African students is limited to studies such as the work of Hayward (1966), amongst others, done largely among male subjects. One study is the work of Mwamwenda (1991), who assessed Kohlberg's levels of moral development and reasoning in ten graduate students and found them to, on the whole, reason at Stage 4. As this work was done using Kohlberg's dilemmas, it has little value of practical application for the present research. Furthermore, as the sample was limited to ten participants, the generalisability of the results are limited. This is unfortunate, as it would be interesting to compare the findings on Kohlberg's model with the ECI.

As pointed out by Finchilescu and Dawes (1998), there is practically no research examining the adjustment of adolescents to democracy in South Africa. In examining the influences of political socialization, developmental level, and time of measurement on orientation to the South African situation, amongst a sample of adolescents, Finchilescu and Dawes (1998) conclude that the perceptions of South Africa as having an uncertain future, impacts negatively on the ability of youth to envisage a secure transition into adulthood. The authors see as part of the reason for this, the racial and ideological divides that have continued through from apartheid as well as real divisions in outlook amongst ethnic communities.

Thus, while it could be stated that adolescents in this country have developed a shared awareness of the present, new, political dispensation (Finchilescu & Dawes, 1998), the manner in which they exercise their moral judgement will be determined to some degree by how apartheid policy has had a particular impact on their racial group. Interestingly, the notion of a 'shared political consciousness' (Finchilescu & Dawes, 1998, p 4), could perhaps evidence in a concern for the interests of the in-group, a salient feature of present sociopolitical orientations in South Africa, according to Finchilescu and Dawes (1998). Smith and Stones (1999), in a study of identity and racial attitudes amongst South African and American adolescents, conclude that South African adolescents tend to both identify more with members of their own racial group, and believe that their culture is important to them, yet they do not have a well-developed sense of their own personal identity in relation to the other.

This possible concern for the interests of the in-group may imply higher emphasis on adherence to convention and well being of self. As is apparent from the work of Robins and Foster (1994), a consideration of the influence of personal identity and individual differences on both intergroup favouritism and identification should be informative in the South African context. Yet no

information is available to this author pertaining to how concern for the in-group will specifically influence adherence to convention and promotion of the well being of self.

Finchilescu and Dawes (1998) make reference to the considerable amount of research that has demonstrated aspects of the "...ideologically complementary set of ecocultural niches..." (p 1), that white children grew up in during apartheid, which served to both entrench their adherence to the dominant political ideology, and maintain white Afrikaner and English economic and political hegemony. While these 'niches' will have influenced all white participants in this sample, the extent to which this is so, is subject to speculation. Suffice to say that for white adolescents, the role of adherence to convention, as a maintaining principle for the "South African Christian way of life" (Finchilescu & Dawes, 1998, p 1), should be borne in mind. Heaven, Simbayi, Stones and Le Roux (2000) in studying identity and human values amongst white and black South Africans, found social identity amongst Afrikaans-speaking whites to be more connected to language and religion, while amongst self-identified black South Africans, the notion of being a global citizen and a South African, was a more prevalent aspect of identity. This finding is in support of the view that adherence to convention is an important part of white, especially Afrikaans, identity, as the church and the mediums of instruction (English and Afrikaans) in schools, were the central pillars of the [white] way of life referred to above by Finchilescu and Dawes (1998).

Sennet and Foster (1996) indicate that unlike many other ethnolinguistic groups in South Africa, white English-speaking South Africans have been underresearched in the field of psychology. This makes it difficult to consider, with accuracy, the role of adherence to conformity and convention, as a construct of identity in this particular group. However, important work needs to be done in understanding the possible links between socio-political orientation, identity and the ethic of care.

Campbell (1995a), in her study of social identity amongst township youth in South Africa, argues that issues like power and gender need to be taken into a consideration of identity in this context. This view has been evidenced throughout this study, yet it is important for the purposes of retaining an understanding that the identity, and indeed, moral agency of the participants used in this study is being formed in a period (discussed in 2.1 of this study) where power relations which were traditionally skewed, are coming up for review. Therefore, locating the process of identity formation satisfactorily, within the context of shifts in gender and power relations is a complex and daunting task.

However, Campbell (1995b), in a study of working-class Zulu youth between the ages of 17 and 23, emphasizes several points of difference between township males and females that are of interest to the present study. In describing their own identity, girls were found to emphasise concerns relating to the private spheres of home, family and lovers, and the activity in these relationships, while boys tended to be interested in the public life outside the home (Campbell, 1995b). Furthermore, women were found to have far less freedom to control all aspects of their lives, while men had a higher level of personal control. Campbell (1995b) infers that unlike women, men experienced far more freedom to move beyond the home environment. Women, on the other hand, are expected to take responsibility for the home and care-giving. Lastly, the study found that men showed a clear preference for violent methods of conflict resolution, while women preferred non-violent modes of solving problems (Campbell, 1995b). Men, while not as involved in interpersonal relationships as women, dominate women in their interpersonal relationships. These findings, while they cannot be considered in any way representative of the greater population, are of interest, specifically for the purposes of considering scores on the ECI. Whether black women will evidence the same concern for relationships and care on the ECI, remains to be seen.

Lastly, the work done by Tudin, Straker, and Mendolsohn (1994) is of relevance. In investigating the relationship between Kohlberg's stages of moral development and exposure to political and social complexity, 68 undergraduate students, both black and white, were studied. The authors found that many of the subjects showed some capacity to reason at Kohlberg's post-conventional level of moral reasoning, but at the same time these subjects used reasoning which was characteristic of stage two, or self-protective moral thought (Tudin *et al.*, 1994). Thus it was concluded that although the potential for higher levels of moral thought existed in undergraduate students in South Africa, it was considered worrying that:

...these same youth had recourse to stage two thinking, which indicates a self-protective mode of reasoning... it pointed to a potential for these youth to be mobilized fairly easily into defensive modes of thinking and perhaps from here into defensive modes of action. (Tudin *et al.*, 1994, p 166)

Tudin *et al.* (1994) note that the moral development of South African youth in the future will depend not only on the level of reasoning that they are capable of, but also most importantly, on how much the context in which we live will necessitate a "...preoccupation with self-protection and physical safety..." (p 168). In conclusion then, very limited work on identity and specifically moral development exists in South Africa. Available research suggests that particularly black females will exhibit a greater predisposition for care in relationships. Whites, both males and females, may make use of conventional modes of decision-making and action, yet all groups may find it difficult to move from a position of self-concern. Blacks too, may find it hard to discard patterns of survival oriented moral judgement, yet cultural positioning as carers, as well as the culture-bound practice of ubuntu amongst other beliefs, may increase the potential of black youth to make use of a caring orientation (particularly amongst women). These hypotheses have been constructed to serve the exploratory purpose of this study. Thus, research already done with the ECI, although limited mainly to North America and Europe, needs to be considered carefully.

3.3 Previous findings using the ECI

The ECI, a measure designed to assess levels of care (Skoe & Marcia, 1991), was constructed in order to empirically test the developmental aspects of Gilligan's (1982) theory, a developmental sequence of moral perspectives based on an ethic of care. The work of Gilligan posits that the 'ethic of care' represents a different moral orientation, other than that of the traditional justice framework, to understanding mature morality (Skoe et al., 1996).

Thus, as opposed to Kohlberg, who proposes an 'ethic of justice', the ECI is founded upon a care orientation, in response to an ethos Gilligan (1982) felt more prevalent in females, that of a greater concern for relationships and responsibilities in one's moral thinking. While women have been found more likely to use this orientation than men, usage across gender (e.g., Gilligan & Attanucci, 1988; Pratt, 1991; Walker, 1991) has been widely reported. This further usage of the ECI to examine the development of Gilligan's (1982) care ethic in South African post-adolescents is thus a small, yet exciting extension of this framework for understanding the moral reasoning and value-orientation of this sub-group in terms of an 'ethic of care'.

Since this is the first attempt to use the ECI in South Africa, it is of interest to investigate how individuals are affected by the history of apartheid, which has been selected as a primary environmental variable. Bearing in mind the substantial amount of identity-type and environmentally related determinants that play a possible role in the lives of the subjects under study, these issues will be borne in mind in the light of results gathered. The possible variety of home-environment contexts in the sample-group necessitates this. For example, the amount of life-threatening violence each participant will have been exposed to may differ between the participant who has come from an upper-middle class home, and the participant originating from a lower socio-

economic grouping. This is a crass, yet instructive example, as culture and ethnology are by nature, extremely complex issues in South Africa. It is of paramount interest to see what kind of issues, particularities, and perhaps culturally-common responses may be unearthed, following the completion of the interviews. No such guideposts exist in South Africa, and thus, the alternative is to scour overseas research.

Skoe (1998) presents a compelling synopsis of findings gathered using the ECI. Certain indicators seem possible in the light of previous research using the ECI, however, these need to be considered along with all the factors explored in chapter 2.

Skoe and Marcia's (1991) initial study amongst undergraduate females found the ECI positively related to age and ego identity and, to a lesser extent, Kohlberg's measure of justice reasoning. In a later study (Skoe & Diessner, 1994), this time with men and women of similar ages, it was found that in young adults, the ECI is positively related to age, ego identity, and Kohlberg's justice stages. From the above two studies it was gleaned that the ethic of care could be seen as more central to the ego identity of women than men. While women have been found more likely to use the care orientation than men, or rather prefer to use it more, usage across gender has been widely reported (e.g., Gilligan & Attanucci, 1988; Pratt 1991; Walker, 1991).

For the purposes of this study, done amongst university students, it is worth considering the possibility that exists that the care orientation will be more central to the women in this sample than to the men. It is not expected that there will be a significant difference between these two groups, however, this is due to a lack of clarity around how important variables such as the concept of *ubuntu* and the gender-role adherence prescribed during apartheid may influence the orientation towards an ethic of care, or how race may confound this relationship.

It has been indicated that the care ethic may be a more central component of identity for women than men in young adulthood (Skoe & Diessner, 1994). Whether this will be reflected in this South African sample remains to be seen. While, as stated by Skoe *et al.* (1996), the ECI has been used in samples similar to the group in this study (that is, students), the complex differences in contextual situation may serve to provide interesting variations in findings, certainly on a cross-national level.

In their study involving young adolescents, Skoe and Gooden (1993) found that while girls tend to be concerned about hurting others and maintaining friendships, boys tend to express a higher concern for leisure activities and staying out of trouble.

The care orientation has also been found to correlate positively with other variables, such as androgyny (Skoe, 1995; Sochting, Skoe & Marcia, 1994), and aspects of empathy (Skoe & Nickerson, 1997; Skoe *et al.*, 1996). In South Africa, little research has been done on the construct ‘androgyny’, and therefore it is difficult to assess whether, and how, it may influence the sample in the present study. However, adherence to patriarchally-imposed gender roles and role-expectations, are well-documented (De la Rey & Eagle, 1997). Thus it could be posited on the basis of these studies that, while the women in this sample may find it easier to respond to relational dilemmas in a caring manner, this effect is not so clear for men. Again, no clear context-related research exists in terms of the variables raised in chapter 2 for this researcher to confidently assume that gender difference will be found in the sample.

As noted by Skoe (1998), studies in several contexts have indicated no significant difference across gender in average scores obtained on the ECI (Skoe & Nickerson, 1997; Sochting, 1997; Sochting *et al.*, 1994). These results have been similar to those gathered in Norway (Skoe & Von der Lippe, 1997; Skoe, 1998; Skoe *et al.*, 1996).

The authors explain the lack of difference found as being due to the current emphasis on gender equity, especially in the Norwegian context, and the fact that the samples taken to represent individuals in late adolescence and young adulthood were gleaned largely from student populations. It can be said that there is also currently in South Africa a strong emphasis within tertiary institutions on gender equality, however, this has only been in place a relatively short time. To assume significant effects within a period of less than ten years would be irresponsible (in terms of how this may affect both genders' responses to the ECI), as negotiating gender is an exceedingly complex task in this country. However, the sample under study is representative of that group which is possibly most affected by the move towards gender equality.

Based on the theory that women's traditional 'encouragement' towards caring would predispose older women to a greater exhibition of a care orientation, Skoe and her colleagues performed two studies with a group of older men and women (aged between 40 and 84). It was found that women not only exhibited higher levels of care, but also made more use of dilemmas that reflected relational, real-life issues (Skoe, 1998). The same 'encouragement' to caring has been present in South Africa's history, albeit as a result of different processes. However, this 'encouragement' may still play a role in the lives of young South African females. The expectation for females, especially black females to become care-givers and to look after the family, for instance, is still present. This is what makes the above-mentioned study relevant, yet more study is needed to assess the quality and nature of the relationship between these two variables amongst different genders, cohorts and social groups in South Africa.

The interesting issue arises of why there is a difference between males and females in early adolescence in the use of the care orientation, but no difference in late adolescence (Skoe, 1998). According to the same authors, research suggests that this is because younger girls care more about responsibility and care in early adolescence than do boys, but as they get older, this difference

diminishes. While this appears from the relevant research to be a most reasonable explanation for the phenomena, the examples given by Skoe (1998) for the research referred to above, have been done in settings other than South Africa, where the contextual effects of the environment may affect South African late adolescents in a different manner.

In samples mainly made up of university students, North American women have consistently been found to generate more relational type dilemmas, while men have been found to generate more non-relational type dilemmas (Pratt, 1991; Skoe & Diessner, 1994; Skoe & Gooden, 1993). These authors explain this by stating that women have a preference for the care orientation because relational real-life dilemmas evoke care-based judgement more readily than other kinds of dilemmas. In chapter 2, attention is given to the role of relating and connectedness in South African culture. The preference for issues of a relational nature, has long been part of the feminine, and indeed, female reserve in South Africa. This is certainly due to the cultural, political and gendered factors described in that same chapter. Thus it may be expected that women will provide more relational issues than men, as they have been at the centre of relationships and community in South Africa (Cousins, 1996).

The tendency described above by Skoe (1998) is seen as due to various factors. The first of these is that the interview situation provides a 'space' that allows individuals to respond freely and spontaneously, and in this space it appears as if women's stronger slant towards issues of a relational nature, comes to the fore. However, the same author warns that these samples were mostly gathered from university students, and that in the case of the samples used, gender differences, and perhaps culture differences have been minimised. What is known is that a similar context such as a university campus in South Africa may not be a setting for the minimisation of cultural and gender differences. Skoe (1998, p 157) refers to the above in stating that "...women's apparent stronger

tendency to focus on personal, relational issues than men seems most readily to become evident in situations which allow people to respond more freely and spontaneously.”

An interesting issue of possible relevance arises here. In the design of this study it has been decided to explore responses to the ECI in the form of a normal semi-formal interview, as well as in an interview under hypnosis. The rationale behind this is quite unintentionally described in Skoe's (1998) observation above. Earlier in this study, theories proposing that the unconscious effects of apartheid have been subsumed into the psyche of some individuals have been reviewed (chapter 2). Thus, during apartheid, many individuals' experiences of care and relating to others were formed, and influenced quite strongly by the environment of the time. For instance, case studies done on the psychological effects of violence in South Africa (for example, Straker, Moosa, Becker & Nkwale, 1992) indicate that the experience of trauma can dramatically impact on an individual's ability to feel secure in terms of relating to the self and the other. It is hoped that under the experience of hypnosis, or deep relaxation, some of these grounded experiences of care will be explored. However, to make a prediction as to the nature of this relationship, on the basis of available information, that interview type as a variable will account for a significant difference between scores, is empirically unsubstantiated.

Other important variables related to understanding gender, and issues of identity that are inextricably intertwined with gender, include variations in biological maturation, family relationships and social opportunities (Skoe, 1998). As noted by the authors, these will have a bearing on the course of moral development. As discussed earlier in this study, these factors were for a long time strongly affected by the policies of apartheid. Regrettably, many children are still born into situations of abject poverty (Cousins, 1996), where the effects on identity cannot be underestimated. Further research is necessary to understand how these variables may affect the degree to which South Africans make use of a care ethic. For the purposes of this study, it should be recognised that these

are important variables that will have a bearing on identity and moral development, as well as the prevalence of a care ethic in the sample under study.

As noted by Skoe (1998), and underscored in the concepts of *ubuntu* (Busakwe, 1997) and *collective empathy* (De Vos, 1998), discussed in chapter 2, non-western cultures value the maintenance of harmonious interdependence. As a result of this, more other-orientated responses could be expected in non-western samples. This incisive observation points to the relevant cultural factors that have been discussed earlier in this study regarding the value of self in terms of the other. This is not to preclude responses geared toward self *and* other, at the expense of simplistic care for the other. As seen in the earlier considerations of African personhood and community, responsibility for self is taken in the context of other, as part of self. Therefore, while it could be expected that more caring-for-other responses could be gathered from black participants, this process is not simple or clear-cut. While considerable previous research using the ECI has been looked at, it is difficult to make valid predictions pertaining to what could be expected from this sample. As was noted previously, the possible influence of the factors considered in this study is not simply quantifiable, or generalisable, in terms of how these issues will definitely affect performance on the ECI. Thus, possibilities may have been mentioned, but these will not be understood as the expectations of this study.

4. **Research Question and Hypotheses**

The primary research question that has been addressed in this study is:

Are individuals in South Africa struggling to make decisions that show caring for both self and the other?

To serve the exploratory purposes of the present study, it was decided to follow a less conventional approach to the formulation of a research question. The question that was formulated serves to

provide an introduction to the many different aspects involved in this study, and therefore serves as an orientation to the topic under study. This means that not only the findings themselves, but also the possible reasons for these findings as well as the potential of a greater care ethic, are of interest.

Three more specific questions arise in the light of the variables found in the specific sample:

- A: Is there a significant difference in scores between females and males?
- B: Is there a significant difference in scores between blacks and whites?
- C: Is there a significant difference between conscious and unconscious scores?

According to the statistical procedure used, the null hypotheses are formulated according to the assumption that the different groups or samples compared were drawn from an identical population (Howell, 1995), in other words, that there are no significant differences between males and females, blacks and whites, or the results obtained during “conscious” and “unconscious” interviews. The alternative hypotheses would be that there are indeed significant differences in scores between these groups.

In conclusion, the proposed research is therefore five-pronged. Firstly of interest is how males and females will score on the ECI. Secondly, the subjects’ results on both sets of testing will be examined for possibly significant differences between black and white. Thirdly, the subjects’ responses to the ECI, on different levels of consciousness, will be considered. Of great relevance to the present study will be an exploration of the potential of the care orientation in South Africa. Lastly, the relational/non-relational quality of the dilemmas will be assessed, and use across gender considered.

5. Research method

5.1 Choice of Method

As noted by Smaling (1992a), there are pragmatic considerations involved in the choosing of a research method. For the purposes of this study, the instrument used was chosen due to the need to extend its usage cross-culturally amongst different cultural groupings (Skoe, 1998). Thus the study was constructed with the instrument in mind. However, eight pragmatic dimensions, as noted by Smaling (1992a), had to be considered with regard to the choice of method. These dimensions are the following:

- Reseachers (R);
- Concrete objects of study (O);
- Situation of investigated subjects (S);
- Influence of research question (Q);
- Research goal (G);
- Relevant audiences (A);
- Other conditions or circumstances (C);
- Course of Time (T).

With regards to the researchers (R), the supervisor of this present research, an affiliated member of the International Society of Hypnosis and a registered psychologist, has had extensive experience in both the clinical and experimental spheres in the use of hypnosis, as well as in the field of moral development. The manner in which patients respond to personal dilemmas and problems when under hypnosis, has been of interest throughout this researcher's experience. Thus it was felt that this could provide a further suitable dimension on which to assess the Ethic of care in the South

African context. Due to the inexperience of both researchers in using the instrument under study, it was felt that an already constructed instrument would be best for the investigation of the phenomenon under study.

The concrete objects of study (O) in the present research were students. It was felt that this group would provide a sample more readily comparable with international samples. Furthermore, it was felt that this group would be most accessible to the researchers and would minimise the resources required for the administration of the instrument. The university campus situation is common to all members of the sample, and thus being an equally new context (the interview room) in an already 'known' larger context (the university campus), it was decided that the choice of method would not be problematic, as far as (S) was concerned.

Due to the research question under consideration, and the research goal both being well served by the use of the Ethic of Care Interview, it was decided the method is suitable in terms of (Q) and (G).

The intended primary audience (A) of this study is academics involved in assessing moral development cross-culturally, using the care-orientation as a theoretical grounding. While the instrument under study is relatively new, it is geared precisely toward this field. The secondary audience for this present work is the fields of policy development and educational structure in South Africa. It was decided therefore that the study needed to be accessible and useful to policy-makers in these fields. The theoretical field of the care ethic is deemed suitable to the South African context in terms of the above, as its importance is beginning to gain recognition as this country struggles to re-discover its identity in the wake of apartheid. Lastly, a practically non-existent budget and the possibility of using an already constructed instrument for no charge were compelling in terms of using the ECI. Elements of these dimensions will be discussed further in terms of the choice of sample.

5.2 Recruitment

Interest sheets for the experiment were posted at all three universities in the Western Cape Province, namely the University of Cape Town, the University of Stellenbosch and the University of the Western Cape. At each, five interest sheets were made available on the general notice boards of the faculties of Arts, Sciences and Commerce. Intentionally, very few details pertaining to the study were given. The wording of the interest sheet was as follows:

“Post-graduate student from the University of Stellenbosch seeks under-graduate students between the ages of 19 and 24 to participate in a study on moral development. Nominal remuneration for time taken (approximately one and a half hours divided between two sessions) will be paid. Any individual who is interested should contact Ben Truter at [contact details]. All correspondence shall be handled confidentially.”

Purposefully, no specific information was given, and all interested parties were contacted and a meeting-time set. Following this, the precise nature of the study was explained to each individual, and a prospective participants data-sheet completed (see Addendum A). Individuals were then given a period of time no shorter than seven days in which to think about whether they would be willing to take part in the study, and asked to contact the researcher in order to confirm or disconfirm their willingness to participate.

Those who did not feel willing to take part in the study were thanked, and their personal data sheets filed. Those who were willing were then put on a random selection sheet, and selected by random sampling (Neuman, 1997) into a group roughly half the size of the previous group. Those not in this group were thanked and those left over were informed as to the nature of the two interviews they

would be taking part in. Firstly, the individuals were asked whether they had, to the best of their knowledge, ever been put under hypnosis, as this would unfortunately lead to their exclusion from the experiment. The use of hypnosis within the present study was then explained. Following this, the individuals were asked whether they had any misgivings pertaining to being put under hypnosis, and the ethical guidelines to be followed in the study for their own safety were explained.

As noted by Steere (1984), difficulties have often been encountered by white psychologists when working with individuals from black population groups as a result of language barriers that may exist. It is the view of this researcher that this could still be of relevance in the Western Cape context today. Either the participant may experience difficulties in understanding the dilemma put before him or her, which would affect the research design, or the participant would struggle to relate accurately his or her response to each dilemma. Thus, each participant whose mother tongue was not English was asked whether he or she would have any misgivings relating to being able to understand and make him or herself understood in English.

Lastly, each participant provided signed permission for the researchers to place her/him under hypnosis. It was strongly emphasised however, that this permission could be withdrawn at any time. Furthermore, it was explained that due to the nature of the interviews done under hypnosis, some of the information gathered may not be used in the eventual analysis of results gathered. This is due to the fact that if it was found that a participant was not suggestible to hypnosis, then the interview would be terminated.

5.3 Sampling

The sample was made up of 13 male and 13 female volunteers, drawn from the University of Cape Town, the University of Stellenbosch and the University of the Western Cape. They were undergraduate students from various faculties, ranging in age from 19 to 24, all unmarried. The sample contained 6 black females, 7 black males, 6 white males and 7 white females. The mean age was 20.24 years, and the median age 20 years.

5.3.1 Choice of sample

The success of social reconstruction in post-apartheid South Africa is contingent on the ability of the nation's citizens to adapt to and deal effectively with new challenges in a complex, rapidly changing society (Freeman, 1993, in Mokgathe & Schoeman, 1998). To the extent that the youth of this country will play perhaps the most important role in the shaping of a new society, it is their spirit of reconciliation (Freeman, 1993, in Mokgathe & Schoeman, 1998; Moller, 1996) which provides possibly the greatest resource in the immense task of nation building, in this, a society that needs to begin to interact positively with all parts of itself.

This research has focused on the simultaneous dominance of the patriarchal apartheid state, and the undervaluing of the feminine principle and the faculties of caring and connectedness therein. In selecting a sample from which to draw conclusions regarding the presence of an ethic of care in moral decision-making, a suitable population had to be selected on the grounds of its potentialities for the future development of the caring ethic.

An important challenge for the present researcher was to ascertain what would be the most relevant way in which to conduct the present study in the current South African context (Vogelman, Perkel &

Strebel, 1992), as both communities and community organisations question the relevance of psychology in a world where material struggle is foremost. It was felt that this population would fall under the area of education, as the development and nurturing of a caring ethic, based on a sense of relatedness, could best be developed in South Africa in this field, purely as this is where resources and structures exist.

Post-adolescents in South Africa are at a unique crossroads at present. They have experienced firsthand to some degree, either consciously or unconsciously, the direct effects of the apartheid regime, as well as the transition to an integrated, non-segregated government. It has only recently become possible for all individuals have access to the university of their choice. However, the campus environment may provide a context for individuals from all cultural groups within South Africa to interact. For the purposes of understanding identity in a context where this is a complex issue to negotiate, Slugoski, Marcia and Koopman (in Freitas, 1995) deserve mention. The authors make the point that ego identity relates to an individual's experience as he or she modifies and is modified by the people in his or her environment.

Taken in the context of how individuals orientate themselves with regard to moral thinking, the campus setting may be construed as a context in which the processes of modification and development take place at a premium. This premium is in the form of all individuals being exposed to individuals from many, if not all, cultural groupings in South Africa. Furthermore, most studies using Skoe's (1993) ECI have been conducted within this cohort.

As each participant will be exposed to hypnosis, the responsibility of providing follow-up resources to a participant has rested with the researchers. This possibility may have arisen, and it would only have been possible to provide sustained follow-up within the context of a university. This is

obviated by the complete lack of resources (financial and other) to provide for individuals should they not fall under the auspices of a university.

While the sample of the present study may be limited in its potential for cross-contextual comparison due to sample size, this may provide the groundwork for future replication.

5.4 Ethical Considerations

As noted by Steere (1984), it is the researcher's duty to contribute to society and to ensure the welfare of those who participate in a research study as subjects or respondents. The nature of the present research and its methodology necessitated a strict adherence to ethical practice pertaining to each stage of the study.

For the largest part of the study, the ethical principles of the American Psychological Association (1992), succinctly laid out by Shaughnessy, Zechmeister and Zechmeister (2000) were consulted. For the component of the study using hypnosis, particular cognisance was paid to the code of ethics of the International Society of Hypnosis in concert with the afore-mentioned authority. Throughout the study, the ethical principles guiding research at the University of Stellenbosch were adhered to. Thus, statutory ethical principles of international as well as indigenous bodies were adhered to, in line with Wassenaar's (1998) recommendations, in order to maximize international relevance of this study, and to take cognizance of present conditions. The particular relevance and usage of the above-mentioned principles with regards to certain aspects of the study will be discussed below.

From the inception of the recruitment phase of the research, the principles of informed consent, freedom to withdraw at any time, debriefing, protection from harm, as well as confidentiality (APA, 1992) were adhered to as stringently as was possible. Participants were fully informed as to the

nature of the research and what their participation entailed. This was done on three separate occasions and written authority from each participant in this regard was obtained. The participants were also informed fully as to the credentials of the researchers and were provided with the contact number of one of the researchers in case of there being any queries or problems. It was emphasised prior to each interview with each participant, that he or she could withdraw from the experiment at any stage, and that this would not prejudice her or him in any way with the researchers.

Following each interview, the participant was encouraged to freely share any thoughts pertaining to their experience of that particular interview, refreshments were served, and questions posed as to the utilisation of the data gathered, answered. The true purposes and goals of the study were shared with each participant. Stuart (1998) emphasises the role and responsibility of the researcher in participatory action research in terms of the contribution he or she must make to the lives of the participants.

Due to the very limited funds available for this study, it was decided that this contribution would be in the form of the making available of therapeutic and counselling resources to all participants. This was done on the understanding that if any discomfort on the part of the participants was experienced, as a result of issues raised in the hypnosis stage of the experiment, the individual could then be referred, free of expense to her/himself, to a psychologist in the Psychology Department of the University of Stellenbosch. All data and results gathered in the study were kept in complete confidence, and identifying information was excerpted from the raw data. This was done by recording on a separate form of media the biographical information of each participant.

5.5 Interviewing method

Kraus (2000), in reporting the results of a longitudinal study investigating identity, performed over a period of ten years, proposes the concept of ‘patchwork identity’. The basic premise of this concept is that the individualisation process, whilst firmly embedded in socialisation processes, is still of paramount importance when exploring aspects of identity. In the present study, where the ways in which individuals respond to posited dilemmas is of interest, care should be taken to optimise the individual’s own sense of coherence in what is essentially a rather incongruous situation, especially in the case of the interview done under hypnosis. When the participant is expected to respond to the dilemmas posed in the ECI, perhaps exposing patches of self-experience, how can his/her ‘coherent self’ be optimised in the interview context?

The same author (Kraus, 2000) recommends four theoretical strands that deserve cognisance in the mediation of the interview situation. These constructs refer to the methodological realisation of this aim as far as is possible. The first of these is to maintain a focus of the individual as having various ‘lifeworlds’, a phrase used by Kraus (2000), following the work of Marcia (1993). Drawing on the work of Erik Erikson (1968), Marcia (1993) posited the differentiated ‘lifeworlds’ of work, family and peers (Marcia, 1993; in Kraus, 2000). An awareness of these variables would allow a more honest unfolding of each participant’s phenomenology within the research process.

Envisaging identity as an ongoing process (Kraus, 2000) would perhaps allow the interviewers to conceptualise identity as a work in progress, and would therefore negate the possibility of aiming for a result-like response to each dilemma. While the interview format is set, the interviewer could still have a bearing on the type of response elicited by a participant if a cue or prompt is geared toward the attainment of a ‘definite’ answer. Clarification will be encouraged without encouraging participants to answer in vague terms, *or* steering them towards a specific ‘answer’.

Viewing the participant as an active subject who is involved in a process of self-socialisation (Kraus, 2000), may to a certain extent empower the participant as an ‘active reality processor’, who is then engaged with the protocol questions. Kraus (2000) makes the following suggestions for facilitating this process:

- An interactive attitude to the administration of the interviews;
- Communication regarding the full research process and the encouragement of feedback pertaining to this process;
- Variable methodological tools.

In the present research it was decided to adopt a fully interactive approach to all aspects of the research process, as far as is possible without compromising the ECI. Secondly, full information regarding the research was provided in an open manner, and a full debriefing period allowed for. Lastly, inductive techniques for the performance of the interviews under hypnosis were tailored according to specific participant variables, and each participant provided the imagery used.

In conclusion, the concept of triadic openness proposed by Smaling (1993) was deemed important for the administration of the interviews, as it is a contributing factor to doing full justice to the object of the investigation. This approach, or awareness, requires that the researcher approach the interview in an open-minded, open-hearted and dialogically-open fashion, with the aim being to increase communicative symmetry.

5.6 Interviewers

The ECI was performed by two researchers. The conscious, semi-formal interviews were performed by the author of this study. The interviews conducted under hypnosis were performed by a registered

psychologist and member of the International Society of Hypnosis. The latter researcher has had extensive training and many years of experience in the use of hypnosis. As such, the ethical guidelines laid down by the institution to which the afore-mentioned researcher is affiliated, were adhered to.

5.7 Research design

Following the initial selection procedure of the subjects, all participants were made aware that they would undergo one interview under hypnosis and one interview in a semi-formal conscious format. The participants were then randomly assigned to two groups, A and B, each group numbering thirteen participants. Each member of group A was to undergo the interview under hypnosis first and the conscious interview second. Members of group B were each to undergo the conscious interview first and then the interview under hypnosis. It was explained that a participant's two interviews would not take place immediately one after the other. Due to the unequal number of participants in each group, it was difficult to divide the sample precisely according to gender and race. Table 1 illustrates how the groups were assigned. This was done by an independent researcher, not affiliated to the study.

Table 1

Allocation of Sample into Groups A and B: Allowing for the Variables of Gender and Race

Group	N	BF	BM	WF	WM
Alpha	13	3	4	3	3
Beta	13	3	3	4	3

(Black =B; White = W; Female = F; Male = M)

Following the administration of the interview under hypnosis, each participant was asked to briefly comment (if they so desired) on their experience. This was facilitated by the researcher conducting the unconscious interview type.

5.8 Procedure

Each of the participants individually underwent one conscious interview, and one hypnotic interview. The conscious interview ran for a duration of approximately 35 minutes, while the interviews under hypnosis ran for approximately 60 minutes. The two types of interviews were both conducted individually, and in each the three standardised (Skoe, 1998) ECI dilemmas were administered first, followed by the real-life dilemma. The real-life conflict was generated by the participant in response to a generally-formatted question regarding his or her personal experience of a particular moral conflict. The question was asked by the interviewer in an informal fashion: “Could you perhaps describe a situation in which you felt a particular moral conflict in that you weren’t quite sure what was the right thing to do?” Depending on the situation, the elicited dilemma was followed by a fairly consistent set of questions, as used by Skoe et al. (1996): “*Could you describe the situation? What were the conflicts for you in that situation? In thinking about what to do, what did you consider? How do you know?*” The standardised dilemmas were read to the

participants while they read along. The interviews were tape-recorded for later transcription, and guarded for purposes of confidentiality and privacy.

The following introduction was given:

“Within this research, we are interested in exploring how you, as an individual both perceive and resolve conflicts in the human relationships around you. We are going to be doing so through the use of an instrument called the Ethic of Care Interview, which involves an understanding of relationships based on the idea that you, yourself, and whoever else you are dealing with, are interdependent. If you have any questions or misgivings about this, please express these”.

The researcher that conducted the interviews under hypnosis explained the field and process of hypnosis to each participant in the interview room. Following this, form C of the Stanford Hypnotic Suggestibility Scale (Weitzenhoffer & Hilgard, 1962) was used in order to assess the participants for their “hypnotic potential” (De Vos, 1998, p 3). It was decided that those participants who were identified as not suggestible to hypnosis would then be thanked for their time, debriefed as to the nature of the present research, and removed from the sample.

It was striven for throughout to ask sufficiently non-directive questions in order to bring out the person’s structures of thought around the various dilemmas (Skoe, 1993). For instance, the person may initially give a superficial response indicating care for others, e.g. for the “Chris” dilemma, stating that he or she would take the parent in. However, further questioning may reveal that the person’s real reason for doing so would be to make sure that the parent does not make a scene. It is also important to note *whose* needs and concerns the person considers in responding to the dilemma situations, and the reasons *why* he or she would not do or say something in that situation Skoe, (1993). The reasons were considered much more important than the actual content of the action.

The participant had to be allowed to express her or his views on the dilemma without the help of any suggestions from the interviewer.

5.9 Instrument

The Ethic of Care Interview (ECI) as described in chapter 2.4 of this study was used for the administration of both the conscious and unconscious interviews. The reliability of this instrument is discussed in the results chapter of this study, alongside reliability scores gathered for this study.

In order to assess the likelihood of each participant entering a hypnotic state, the Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962) was used. The SHSS does not attempt to measure an individual's experience of being hypnotised, rather it seeks to assess whether it is likely that the tested individual is susceptible to entering a hypnotic state. The instrument takes approximately 10 minutes to administer, and was administered by the experimenter. The scale consists of 12 items (Weitzenhoffer & Hilgard, 1962) which get progressively 'harder', which are then suggested to the participant, in order to assess whether she or he experiences what has been suggested. All participants were found to be sufficiently suggestible to be hypnotised, and thus no replacements needed to be made in terms of the sample.

3.9.1 Data Management

The audio-transcripts of each interview were set to contain only the material of each interview. Written transcripts contained both the demographic details of each participant, and the full interview that was conducted. To avoid transforming any of the data in the transcription process (Mishler, 1991), all interviews were transcribed exactly as taken from each audio recording. Information gathered from the short informal interviews, as well as the self-report questionnaires was collected and filed for later analysis.

5.9.2 Scoring of Data

Following the work of Skoe *et al.* (1996), the first content analyses of the real life dilemmas sought to ascertain the nature of the relationship entailed in each dilemma, either an interpersonal relationship (with others), or an intra-personal relationship. This was supplemented by the independent researcher's classification of the dilemmas provided as either relational or non-relational in type.

The 52 interview protocols were scored by two independent rates according to guidelines set by the author of the measure. Each of the dilemmas was rated, and each interview garnered a level score for each one of the dilemmas. Quarter scores (for example, 1.75; 2.25) have been assigned in some instances where the response given by the participant to that specific dilemma appeared to fall between two levels. In terms of each dilemma, a difference between two raters of no greater than a quarter of a level score was accepted (e.g. 2.50 and 2.75 was considered agreement; 2.50 and 3.00 was considered disagreement). For each of the interviews a total score was calculated by adding up the ratings on the four dilemmas. An average score was determined by dividing the total scores by four, and rounding them to the nearest .5 level (for example, 2.45 = level 2.5). In the case of a

participant's average score falling exactly between two levels, a third rater independently scored that participant's interview at one of the two adjacent levels.

Inter-rater reliability for the moral-issue typology was determined through the use of two independent raters, and assessed in the light of previous reliability and internal consistency findings. An inter-rater reliability coefficient was calculated in order to establish how accurately the two independent raters evaluated the responses to each individual dilemma, as well as the total scores, in comparison with one another. These findings are presented in chapter 6. For every interview, the audio recording of that interview was listened to twice by each rater, with a typed transcript at hand. If it was deemed necessary either rater could choose to listen to the recording again, or take more time to study each transcript, following Skoe's (1993) recommendations.

5.10 Measuring instruments

5.10.1 Statistical analysis

The first step in the analysis of the data was to generate descriptive statistics that would indicate the different scores obtained by each sub-group of participants on the different dilemmas, as well as the means and standard deviations. Thereafter, the distribution-free Mann-Whitney *U* Test was used to investigate whether there are differences between the groups in their responses to the moral dilemmas. This test was chosen because of the non-parametric nature of the sample and the small sample size. However, the implication of using this method is that it precludes the results from being generalisable in terms of normalcy. This renders the main research question of this study (*Are individuals in South Africa struggling to make decisions that show caring for both self and the other?*) unanswerable to an extent. However, the implications of this question in the light of the results found, will be considered.

The Mann-Whitney *U* Test is especially sensitive to population differences in the *central tendency* of scores, which means that it is not affected by one or a few extreme scores (outliers). This is because it uses ranked data, rather than raw scores. Each raw score is assigned a rank, and the sums of the ranks in two groups are compared in order to test the null hypothesis, which would be that the two samples were drawn from an identical population. If the sum of ranks in one group is significantly smaller than in the other group, the null hypothesis is rejected, which means that the two groups have different central tendencies (Howell, 1995).

5.10.2 Thematic analysis

It was decided to use a brief thematic analysis for the purposes of complementing the quantitative results gathered in this study. Procedurally, this involved classifying the self-generated dilemma in the unconscious and conscious interview of each participant as either relational or non-relational in nature. The classifications were then notated according to the variables of gender and interview type.

5.11 Summary

In introducing her revised Ethic of Care Interview Manual, Skoe (1993) expresses several concerns regarding the accurate, appropriate and ethically-sound usage of the ECI. In this discussion of the method used in this study, several useful theoretical contributions have been considered. This researcher, in this somewhat lengthy discussion of method and related theoretical issues, has attempted to address these concerns, relating to ethics, the possibility of modifications, and the critical issue of interview technique and scoring (Skoe, 1993). Firstly, careful attention was paid to adherence and awareness of proper ethical conduct throughout each stage of the research. Secondly,

Careful consideration was given to the possibility of modifying the instrument for use in the South African context. However, it was decided that the choice of sample stopped this from being necessary, and furthermore, as clearly noted by Skoe (1993), modifying the instrument would have serious implications for the psychometric qualities of the ECI. Considerable time was spent assessing what would be the right way to approach and conduct each interview. The importance of this is evident in the ECI manual (Skoe, 1993):

The validity and reliability of the measure depends on the manner in which the interview is conducted and scored. If the participant is not made comfortable or if the interviewer is over-directive for example, then responses may not accurately represent the participant's level of development. (Skoe, 1993, p 2)

6. Results³

6.1 Statistical results⁴

Table 2 shows the results obtained from the four different sub-groups, in terms of race and gender, on the “conscious” and “unconscious” sets of dilemmas. The totals of the scores on the four individual dilemmas in each set are shown, along with the minimum and maximum scores, the means, and the standard deviation obtained in each case. The average score obtained by black females on the “conscious” dilemmas was 4.469, while for black males it was 3.509, for white females 2.991, and white males 3.406. The average obtained on the “unconscious” dilemmas was 4.667 for black females, 4.089 for black males, 3.125 for white females, and 3.729 for white males. The tendencies that can be detected by the descriptive statistics, is that all the groups had higher scores on the “unconscious” dilemmas, than on the “conscious” dilemmas, and also that the highest scores were obtained by black females, followed by black males, white males, and lastly, white females.

³ It should be noted that the two raters’ scores have been added together for further analysis and clearer summary of results, and that the scores in the following tables and discussion can therefore be regarded throughout as (approximately) *double* the actual scores as awarded according to the ECI scoring system.

⁴ Full descriptive results are presented in Addendum D

Table 2**Descriptive Results Showing the Different Scores Obtained from Different Gender- and Ethnic Groups.**

GROUP	Dilemma	N	Minimum	Maximum	Total	Mean	Std. Deviation
Black Female	CD TOTAL	6	10.5	22.3	17.875	4.469	4.321
	UD TOTAL	6	9.5	22.8	18.667	4.667	4.959
Black Male	CD TOTAL	7	10.0	19.8	14.036	3.509	3.790
	UD TOTAL	7	12.0	19.5	16.357	4.089	2.986
White Female	CD TOTAL	7	8.0	15.0	11.964	2.991	2.917
	UD TOTAL	7	11.0	14.3	12.500	3.125	1.216
White Male	CD TOTAL	6	11.0	16.8	13.625	3.406	2.108
	UD TOTAL	6	11.5	19.0	14.917	3.729	2.672

(CD = Conscious Dilemma; UD = Unconscious Dilemma)

The purpose of the Mann-Whitney *U* Test is to indicate whether there were significant differences in the central tendencies of the scores of the different groups. This is done by ranking the scores in the two groups compared, and then comparing the sums of the ranks in each group. Tables 3.1 and 3.2 provide summaries of the sums of ranks obtained, as well as the mean ranks, comparing different combinations of two groups at a time. For each pair, the Mann-Whitney *U* and *Z*-scores are shown, as well as *p*-values indicating whether the differences between the sums of ranks for each pair were of statistical significance on the .05 level (two-tailed).

Table 3.1

Results of the Mann-Whitney *U* Test comparing the responses on the ECI dilemmas according to gender type

Variable	Dilemmas	Groups	N	Mean Rank	Sum of Ranks	Mann-Whitney <i>U</i>	Z	p
<u>GENDER</u>	CD-ALL	Female (total)	13	14.08	183.00	77.000	-0.385	.700
		Male (total)	13	12.92	168.00			
	UD-ALL	Female (total)	13	12.62	164.00	73.000	-0.591	.555
		Male (total)	13	14.38	187.00			
	ALL DIL	Female (total)	13	13.08	170.00	79.000	-0.282	.778
		Male (total)	13	13.92	181.00			
	CD-ALL	Black Females	6	8.83	3.00	10.000	-1.574	.116
		Black Males	7	5.43	38.00			
	UD-ALL	Black Females	6	8.42	50.50	12.500	-1.218	.223
		Black Males	7	5.79	40.50			
	ALL DIL	Black Females	6	8.50	51.00	12.000	-1.286	.199
		Black Males	7	5.71	40.00			
	CD-ALL	White Females	7	6.14	43.00	15.000	-0.863	.388
		White Males	6	8.00	48.00			
	UD-ALL	White Females	7	5.29	37.00	9.000	-1.719	.086
		White Males	6	9.00	54.00			
	ALL DIL	White Females	7	5.29	37.00	9.000	-1.714	.086
		White Males	6	9.00	54.00			

* indicates statistical significance ($p < .05$)

CD-ALL: All four dilemmas presented in a conscious state

UD-ALL: All four dilemmas presented under hypnosis

ALL DILL: All eight dilemmas, both conscious and unconscious added together

Table 3.2

Results of the Mann-Whitney *U* Test comparing the responses on the ECI dilemmas according to ethnicity and interview type

Variable	Dilemmas	Groups	N	Mean Rank	Sum of Ranks	Mann-Whitney <i>U</i>	Z	p
<u>ETHNICITY</u>	CD-ALL	Blacks (total)	13	16.35	212.50	47.500	-1.900	.057
		Whites (total)	13	10.65	138.50			
	UD-ALL	Blacks (total)	13	17.23	224.00	36.000	-2.491	.013*
		Whites (total)	13	9.77	127.00			
	ALL DIL	Blacks (total)	13	9.58	57.50	41.500	-2.206	.027*
		Whites (total)	13	4.79	33.50			
	CD-ALL	Black Females	6	9.75	58.50	4.500	-2.364	.018*
		White Females	7	4.64	32.50			
	UD-ALL	Black Females	6	9.33	56.00	7.000	-2.006	.045*
		White Females	7	5.00	35.00			
	ALL DIL	Black Females	6	9.58	57.50	5.500	-2.217	.027*
		White Females	7	4.79	33.50			
<u>INTERVIEW TYPE</u>	CD-ALL	Black Males	7	7.14	50.00	20.000	-0.144	.886
		White Males	6	6.83	41.00			
	UD-ALL	Black Males	7	7.79	54.50	15.500	-0.788	.431
		White Males	6	6.08	36.50			
	ALL DIL	Black Males	7	7.43	52.00	18.000	-0.429	.668
		White Males	6	6.50	39.00			
	CD-ALL	Total group	26	24.15	628.00	277.000	-1.117	.246
	UD-ALL	Total group	26	28.85	750.00			

* indicates statistical significance ($p < .05$)

CD-ALL: All four dilemmas presented in a conscious state

UD-ALL: All four dilemmas presented under hypnosis

ALL DILL: All eight dilemmas, both conscious and unconscious, added together

As can be seen on Table 3.1, gender as a variable did not account for a significant difference in scores with this particular sample. Females did not score significantly higher than males across both sets of dilemmas or on either set (“conscious” and “unconscious”) alone - whether regarded as a total group, or within the different racial groups.

The interview type (see table 3.2) did not account for a significant difference in this particular sample either. Although all the groups scored higher on the dilemmas presented under hypnosis than on those presented during the “conscious” interviews (see table 2), the p -value of .246 (see table 3.2) indicates that these differences did not reach statistical significance.

However, ethnicity (on table 3.2) did play a significant role. Blacks as a group (both male and female) scored significantly higher than whites when *both* sets of dilemmas were combined ($p=.027$). It is interesting to note that blacks scored significantly higher than whites on the “unconscious” set of dilemmas ($p=.013$), while the difference in scores - although also somewhat higher for blacks - didn’t reach statistical significance on the “conscious” set of dilemmas ($p=.057$). This means that the significantly higher scores of blacks on *all* the dilemmas *combined*, were largely due to their scores on the dilemmas presented under hypnosis, since the ethnic groups were not significantly different in terms of their conscious responses to the dilemmas when males and females were combined.

Furthermore, black females scored significantly higher than their white counterparts across both sets of dilemmas, combined ($p=.027$) as well as separately (“conscious” $p=.018$; “unconscious” $p=.045$). No significant difference was found between black males and white males, though, whether the sets of dilemmas are regarded combined ($p=.668$) or separately ($p=.886$; $p=.431$).

The above results refer to the data once it had been statistically analysed by means of the Mann-Whitney test. Table 4.1 represents the frequencies of the participants from this sample in terms of where they were actually scored across the various ECI levels. Only the scores obtained from the conscious administration of the ECI were used for the purposes of comparison to other (Skoe, 1998) studies.

Table 4.1
Frequencies of Participants in the Various Ethic of Care Interview (ECI) levels

		Females		Males		Combined	
ECI Level	<i>N</i>	(%)	<i>N</i>	(%)	<i>N</i>	(%)	
<i>Conscious</i>							
1	2	(15.4)	2	(15.4)	4	(15.4)	
1.5	4	(30.8)	4	(30.8)	8	(30.8)	
2	3	(23.1)	6	(46.2)	9	(34.6)	
2.5	3	(23.1)	1	(7.7)	4	(15.4)	
3	1	(7.7)	-	-	1	(3.8)	
<i>Unconscious</i>							
1	1	(7.7)	-	-	1	(3.8)	
1.5	6	(46.2)	4	(30.8)	10	(38.5)	
2	2	(15.4)	6	(46.2)	8	(30.8)	
2.5	2	(15.4)	3	(23.1)	5	(19.2)	
3	2	(15.4)	-	-	2	(7.7)	

Table 4.2 represents the cumulative frequencies of the participants from this sample in terms of where they were actually scored across the various ECI levels. For the purposes of discussion of the results gathered here, these frequencies are presented in a similar manner to scores from previous research summarised by Skoe (1998).

Table 4.2

Frequencies of Participants in the Various Ethic of Care Interview (ECI) levels (Combined)

Females			Males		Males and Females	
ECI Level(s)	<i>N</i>	(%)	<i>N</i>	(%)	<i>N</i>	(%)
<i>Conscious</i>						
1; 1.5	6	(46.2)	6	(46.2)	12	(46.2)
2	3	(23.1)	6	(46.2)	9	(34.6)
2.5; 3	4	(30.8)	1	(7.7)	5	(19.2)
<i>Unconscious</i>						
1; 1.5	7	(53.9)	4	(30.8)	11	(42.3)
2	2	(15.4)	6	(46.2)	8	(30.8)
2.5; 3	4	(30.8)	3	(23.1)	7	(26.9)

6.2 Reliability

Table 5 represents the inter-rater reliability coefficients for the scores allocated by the two independent raters during the scoring of each of the four dilemmas during the “conscious” interviews. The coefficients appear to be well in range from each other with the lowest coefficient being (.900) for the participant-generated “unconscious” dilemma and the highest coefficient being (.982) for the Kristine/Chris dilemma. An inter-rater reliability coefficient of (.917) was obtained for all the “conscious” dilemmas together.

Table 5

The Inter-rater Reliability Coefficient for Scoring the “Conscious” Dilemmas

Dilemma	N	Reliability Coefficient
Lisa / Derek Dilemma	26	.946
Betty / Erik Dilemma	26	.977
Kristine / Chris Dilemma	26	.982
Self-generated Dilemma	26	.953

Table 6 represents the inter-rater reliability coefficients for the scores allocated by the two independent raters during the scoring of each of the four dilemmas during the “unconscious” dilemmas. An inter-rater reliability coefficient of (.917) for all the “unconscious” dilemmas together was obtained.

Table 6

The Inter-rater Reliability Coefficient for Scoring the “Unconscious” Dilemmas

Dilemma	N	Reliability Coefficient
Lisa / Derek Dilemma	26	.930
Betty / Erik Dilemma	26	.933
Kristine / Chris Dilemma	26	.953
Self-generated Dilemma	26	.900

An inter-rater reliability coefficient of 0.96 was found for both sets of dilemmas together. As noted by Skoe (1998), inter-rater reliability correlations, ranging in score from 0.76 to 0.95, have been found for the scoring of the individual dilemmas. Correlation coefficients ranging from 0.87 to 0.96 have been reported for the total scores in previous research (Skoe, 1998). The reliability coefficients obtained thus compare favourably with previous studies.

6.3 Validity

The non-parametric nature of the Mann-Whitney *U* Test implies that the validity of the test is not affected by whether the distribution of the variable in the population is normal. Due to the small sample size, external validity (generalisability) is limited. However, it has been attempted, through making the research process as transparent as possible, to attempt to maximise transferential validity (Smaling, 1992b). Put simply, this author intends for this research process to be as informative and utilitarian as possible for the purposes of refinement and replication.

6.4 Thematic results

Table 7 below represents the classification of each self-generated dilemma given in this study as either non-relational or relational in type. From the table the following can be surmised: For both the conscious and unconscious interview types, females provided more personal dilemmas of a relational nature than males did. Males provided more dilemmas of a non-relational nature than females did. Interestingly, across both sets of interviews, males appeared to make equal use of both relational and non-relational dilemmas.

Table 7
Classification of Participant’s Self-Generated Dilemmas as Relational / Non-Relational,
across the Variables of Gender and Interview Type

Interview Type	Gender	<i>N</i>	Relational	Non-relational
Conscious	Female	13	8	5
	Male	13	6	7
Unconscious	Female	13	10	3
	Male	13	7	6
All Together	Female	26	18	8
	Male	26	13	13

7. Discussion

7.1 Discussion of results

The frequencies of the participants in this sample, in the various ECI levels, will be briefly considered in the light of similar results from Norwegian and North American studies. Summated explanations, based on the theoretical themes presented earlier in this study, as well previous research using the ECI, will be reflected upon. Lastly, the findings will be discussed in the light of the different variables in this study.

The exploratory question that was asked by this study (*Are individuals in South Africa struggling to make decisions that show caring for both self and the other?*) appears to be confirmed, at least for the sample under study, if the frequencies of the participants in the various ECI levels are considered. Skoe (1998), in summarising research conducted with late adolescents and adults in North America (Canada and USA) and Norway, found that around 50 percent of those interviewed, scored at the higher two levels of the ECI (2.5 and 3). While this present sample is very small in comparison, and the results cannot be generalised to this population, table 4.2 indicates that around 19 percent of the sample scored in the highest two levels, while just over forty-six percent of this sample scored in the lower two levels of the ECI (1 and 1.5). This disparity would require a more extensive investigation amongst a larger sample to assess whether this accurately reflects dominant trends amongst the undergraduate population in moral development. However, it does appear, at least for the participants in this sample, that some young South Africans are struggling to make decisions that benefit both themselves and others.

Earlier in this study, many factors that have played a role during the apartheid regime in both suppressing the emphasis placed on caring in the general populace, as well as breaking-down of

relationships at every level, were reviewed in chapter 2. These factors would include legislated separation of race groups (Bedford & Cassidy, 1985), leading to the break-up of families, communities, and relationships (Cousins, 1996) as well as disconnection from the 'other' (Robertson, 1999). Resistance to racial oppression has been linked to an identity-forming process that is linked to struggle and survival (Freeman, 1993; Straker, Moosa, Becker, & Nkwale, 1992) for blacks, often necessitating a greater concern for the promotion of safety of self. An emphasis on adherence to convention as an aspect of identity, especially amongst young white South Africans (Finchilescu & Dawes, 1998; Sunter, 1993) has also been considered.

Patriarchal ideology (Foster, 1991) created a state predicated on the dominance of racist capitalism (1991), and gender inequality (De la Rey & Eagle, 1997; Meintjies & Marks, 1996; Rispel & Goosen, 1996). This in turn has informed the identity-formation and moral development of young South Africans by making individuals subject to the moral regulation (O' Meara, 1996) of the state, in a context of oppression and inequality. Militarism (Luyt, 2000) affected particularly the youth (Marks & Mckenzie, 1995), serving to devalue the archetypal feminine (Faber, 1989), and indeed, the functions of caring and compassion. The work of Dawes (1994) is instructive of the adverse effects of a context of violence on the development of moral conduct in children, particularly on their interpersonal relationships (Dawes, 1996). Straker *et al.* (1992) note how an effect of a violent society is the break-down of youths ability to take responsibility.

Alienation (Marx, 1981) on an economic as well as sociological level, due to the economic structures of the apartheid era (Bedford & Cassidy, 1985) may have led to the isolation of the self from the 'other' (Bedford & Cassidy, 1985). Stroufe (1997), Fonagy (1999) and Park and Waters (in Fonagy, 1999) have all considered the effects of difficulties in the primary relationship, or attachment, a relationship that may be important in the development of care-based morality (Held, 1987a; 1987b). As noted by Reynolds (1997), many factors have combined to inhibit the formation

of stable families in South Africa, a legacy that has affected the caring function in black families, who have had to shape and negotiate relationships based on the socio-political demands of the time (Reynolds, 1994).

It appears that the individual factors that have been discussed here and the level(s) at which a South African will score on the ECI, will warrant further investigation. However, if the levels at which this sample have scored on the ECI are considered in the light of results gathered in similar samples, the factors mentioned above seem to have affected the ability of young South Africans to make decisions that are based on care for self and the other. This appears confirmatory of Skoe's (1998, p 156) view, when she calls for further samples to be studied from "...several different walks of life..." and different cultures. The above factors deserve detailed analysis in terms of the results gathered here. Further study could then attempt to more closely analyse the possibilities of these factors and their relationship to an ethic of care in a larger sample of post-adolescent South Africans. Bearing in mind how earlier chapters have attested to the many ways in which gendered and cultural issues, related to apartheid, have coloured identity development in South Africa, this seems to be especially relevant.

Interestingly, the 19.2 percent of the sample that scored in the highest two levels (2.5 and 3) was constituted by black participants. Four of these participants were black females and one, a black male (See Addendum D). This is supported by a consideration of the cultural practice of *ubuntu*, where a consideration of self is grounded in a sense of connection to other. Mkhize's (1998) call for a greater understanding of the role of African views of self-hood and identity development, when attempting to understand moral reasoning, would be of relevance in this regard. Providing a suitable explanation for the fact that four of the participants scoring at the highest two levels are female, is a complex and difficult process. Consideration must be given to the effects of the 'racist capitalism' practiced by the apartheid system, which removed many males from their families and communities.

This made many black women solely responsible for the care of their families (Burman & Reynolds, 1986; Sadie, 1995), a core aspect of identity which may persist over time and across generation. Furthermore, as Xhosa women were often placed as the keepers of family and community (Cousins, 1996; De Vos, 2000; Sadie, 1995), they became the guardians of tradition and the care-givers (Beake, Zimbizi, & Stevens, 1996). In turn, the emphasis on relatedness, relationships, and interconnectedness (Bührman, 1998) in Xhosa tradition has perhaps been preserved by women. Literature attesting to the role of black women as ‘carers’ in Xhosa community is reasonably extensive (Burman & Reynolds, 1986). It would follow therefore, that perhaps Xhosa females have exhibited a higher degree of the *collective empathic processes* described by De Vos and Goulding (1997), in their responses to the ECI. The relatively high positioning of black females on the ECI, in the light of the adverse effects of the factors discussed in chapter 2 of this study is in parallel with the emphasis on connection and relatedness (Berg, 1998; Bührman, 1998) described as an *unconscious collective empathy* by De Vos and Goulding (1997).

Furthermore, the role of some of the dominant ideologies of the time engendered a culture of patriarchy (Cousins, 1996) and an emphasis on militarism (Luyt, 2000). This often served to push women into these prescribed roles as carers (Meintjies & Marks, 1996), as they were subjugated and controlled in many other spheres (Foster, 1991; De la Rey & Eagle, 1997). Meintjies and Marks (1996, p 34) express this in blunt, yet accurate terms with reference to the South African context: “Society is usually hostile and intolerant towards those of us who choose independence from marriage and family life”. With regards to the results gathered here, understanding gender difference in late adolescence does indeed seem to be a very complex process (Skoe, 1998), especially as far as moral reasoning goes. Further research to understand the differences in dynamics that have affected variations in the use of a care orientation between white and black females, for instance, needs to be done.

An identical number of males and females, (46%), scored at the lowest two levels (1 and 1.5) of the ECI (see table 4.2). This lack of significant difference across gender, in late adolescence, is in line with previous research done (Skoe, 1998). However, it can be seen from the above figure that many of these young students may still be struggling to see their own needs, and indeed identity, as being intertwined with others. The divisive effects of apartheid, in stimulating division between self and the other, is well-documented in the work of Straker *et al.* (1992), who make the following observation regarding the impact of the political system of apartheid on children and youth in the South African context:

Even when exposure to civil strife does not lead to breakdown, it still changes the individual's consciousness in fundamental ways. It encourages categorical thinking and sharp divisions between those considered to be friends and those thought of as foes. (p 135)

As noted by Straker *et al.* (1992), both black and white were exposed to violence and strife and many young people had to try and survive many different types of hardship. This impetus for survival cannot be underestimated in a country like South Africa, where problems like poverty, the deterioration of social, family and community structures, lack of proper formative education, and unemployment are rife. In referring specifically to township youth, and in general to the South African context, Straker *et al.* (1992), discuss these effects on individuals and consider what may be the long-term consequences. The reliance on a mode of decision-making that is survival-oriented, that is struggling to come to terms with the needs of the other, may be an effect of the apartheid system. This could provide plausible theoretical evidence for almost half the sample (see table 3.2) in this study relying on modes of decision-making that are either still concerned exclusively with the self, or trying to integrate others.

Dawes (1996), in relation to the South African context, notes how disrupted attachments may result from the effects of violent conflict. Thus the basic blueprint for relationship is adversely affected. This possible effect on latter patterns of relating, and caring for self and other, can be severely disrupted. Substantiation for the scoring of a large segment of the sample at the first two levels of the ECI is provided by the work of Skoe and Nickerson (1997), and Skoe *et al.* (1996), which ties in with the context-related theory presented for these scores. The care ethic has been found to be negatively related to personal distress and right-wing authoritarianism (in Skoe, 1998). Both of these have, to an extent, characterised the apartheid era (Seedat & Nell, 1992; Rispel & Goosen, 1996), and could well be a reason for the location of 46 percent (see table 3.2) of the participants at the lower levels of the ECI.

Approximately a third of the sample (34.6%) was scored at level 2 of the ECI (see table 4.2). This is markedly higher than has been generally indicated for samples of similar age in North America and Norway, where approximately 19.8 percent and 24.4 percent have been scored at these levels respectively (Skoe, 1998). Developmentally, this finding should be seen in the context of a past government that held extensive sway over what should be considered 'right', and consequentially, what should be considered 'wrong', and encouraged adherence to convention (Sunter, 1993; Van der Post, 1989). Foster (1991) too, notes how adherence to conventions around gender-roles characterised the apartheid period. However, much investigation remains to explore possible relationships between these factors.

With the breakdown of apartheid, and the installation of a democratically elected government, as well as a new constitution, much emphasis is being placed on sensitivity towards the mental health needs of others (Rispel & Goosen, 1996). While the link between the specific mental health needs of young South Africans and their identity development, and specifically moral development, is difficult to substantiate from available research in South Africa, these factors deserve mention.

Developmentally, university students are at the forefront of this culture, a culture of doing the ‘right thing’ after so many years of the ‘wrong thing’. For example, according to the Community Agency for Social Enquiry (CASE), only 14% of young South Africans in 1993 had more than a primary schooling (Beake & Zimbizi, 1996). Subsequent to 1994, there have been extensive initiatives to provide education for all. In this regard, a term has been coined in the South African context, and it states: ‘re-dressing the imbalances of the past’. Thus, the emergence of a strong emphasis on doing what is right in the present societal contexts is a factor that cannot be discounted in understanding why some participants who have scored at level 2 of the ECI exhibit a strong need to be seen as doing what is right. Desjarlais, Eisenberg, Good, and Kleinman (in Swartz, 1998) refer to a myriad of conditions that may exist as a result of violence and repression:

Alongside the loss of life, the fragmentation of families, the displacement of populations, and the disruption of social and economic institutions exists a range of trauma. The problems include fear, pain, loss, grief, anxiety, hatred, sadness and the dissolution of everyday forms of sociality, language and experience. In turn, the breakdown in economic, social, and political systems and the weakening of a society’s moral fabric often coexist with domestic, civil, and gang-like conflicts. (p 170)

The response of individuals who have been exposed to these types of conditions could be to seek security and constancy in their lives. Thus an individual could see him/herself as having suffered at the hands of others, and as a result seek those positions that make her or him feel most secure. This would be in agreement with what Skoe (1993, p 13) states about the level 2 of the ECI, where an individual feels his or choices are made by others, and seeks out security: “The person has a strong need for security and avoids taking responsibility for choices made.”

The findings of this study will now be discussed in the light of the variables that were used, gender, race and interview type. All results gathered from both sets of interviews were used.

The null hypothesis of no significant difference between the scores of males and females was confirmed (see table 3.1). This is supported by other work (Skoe, 1998; Skoe *et al.*, 1996; Skoe & Nickerson, 1997; Skoe & Von der Lippe, 1997; Sochting, 1997; Sochting *et al.*, 1994), described by Skoe (1998), where no significant average gender differences using the ECI have been found in late adolescence. While this could be due to diminishing gender stereotypes, considering that the participants in this study are all university students, two considerations should be borne in mind. The first is that this sample may be too small to clearly provide indicators as to possible patterns of moral development, according to gender. The second is that the factors discussed in earlier chapters of this study may each interact with gender in a unique way to influence how moral development on the ECI manifests. This can be seen in the fact that the significantly higher scores of black females are combined with the scores of white females, providing a mean score for females that is not significantly higher than those of males combined.

However, it would be precarious to assume that these two factors alone would account for the finding discussed above. This is a complex and difficult relationship to examine. While women may have been pushed or pulled toward the roles of care-givers through culturally and ideologically-sanctioned patterns of role-definition and positioning; trauma, poverty, patriarchal practice, separation from others, disconnection, and the need to survive in a threatening environment may have served to delay the development of a caring ethic. Instead, the imperative for survival and resilience as referred to by Straker *et al.* (1992), as an aspect of identity, takes precedence.

Men have been at the centre of violence as perpetrators, inside an ethos where moral conduct has at times been replaced by violent conduct, where society and individuals have become polarised, and both black and white men have acted out patriarchal forms of oppression (Foster, 1991). Most frequently, it is women of all backgrounds who have endured gendered violence. As noted by Motsei, Moore, and Goosen (1996, p 64), "Violence against women is an enormous problem in

South Africa. It is everywhere – in the homes of rich and poor women, black and white women, married and unmarried women, rural and urban women”. A possible relationship can be seen in the level of ECI most frequently utilised by men (level 2) and the patriarchal patterns dominant in both white and black male culture. Level 2 emphasizes a “...strong emphasis on responsibility and a maternal/paternal morality that seeks to provide care for the dependent and unequal” (Skoe, 1993, p 13). In a society where male dominance underpins relationships (Fine & Alter, 1996), the authority of men may be evident in other, more physical forms of subjugation.

Earlier in this study, the inter-relationship between the dominance of men, masculine practice and ideology with the maintenance of the apartheid system, was considered and substantial evidence for this relationship provided (for example, De la Rey & Eagle, 1997). This type of responsibility and practiced patriarchy served to maintain apartheid, and was practiced by men (Faber, 1989) as was much of the impetus for resistance. That this mode of decision-making has remained with many men is a possibility that is borne out by the extensive use of the ‘Conventions of Goodness’ level of the ECI by the males in the sample. Thus the similar scores obtained across gender and the relatively large-scale usage of the second level of the ECI by male participants needs to be understood in the context of many patriarchally-imposed patterns of social interaction and separation. These are complex relationships, and will be discussed in the shortcomings of this study, as future use of the ECI should be done exclusively across one variable, such as race or gender, in order to accurately begin to uncover developmental stages and patterns in young South African’s moral development.

The null hypothesis of no difference between scores of blacks and whites is rejected, since the scores of blacks were significantly higher than those of whites on the two-tailed .05 level (see table 3.2). It should be noted that, while there was no significant difference in central tendency between the black and white men, the difference between black and white women were significant for both

sets of dilemmas, separately as well as combined. Also, the differences found between blacks and whites as total groups were significant for the “unconscious” dilemmas, but not for the “conscious” dilemmas. This should be kept in mind when interpreting the results for the *total* groups, where blacks scored significantly higher than whites.

In considering the findings for black females as scoring higher than any other group (see addendum D), several theoretical contributions are of interest. Unfortunately, for the purposes of the present study, research on gender and mental health is largely European and American in origin (De la Rey & Eagle, 1997). Yet, an issue raised by Lykes (1989) is worth considering. Lykes (1989) relates the differences in individual’s moral identity to context-related experiences of power and powerlessness, an effect often tied to gender. In South Africa this could be said to be the case in many situations (Reynolds, 1997). Mkhize (1998), in considering the relationship between age and gender, states that young women who are educated find themselves with more power and influence than their young male counterparts. This is a further explanation for the higher levels attained by black females, when considered in conjunction with the contribution of Josselson (in Skoe, 1998), who notes that strong, positive views of self, in the form of skill and success in relating, become crucial to ego development.

That black females were found to score significantly higher than other groups draws interesting parallels with the work of Eugene (1989), who proposed that an African-American ethic of care is being practiced by African-American women in the United States as a form of liberation from oppression. Unfortunately, for the purposes of investigating possible commonality, no results on the ECI are available for Eugene’s sample.

In South Africa, black women have traditionally been subject to many forms of oppression, often with greater levels of disempowerment than their male counterparts (De la Rey & Eagle, 1997; Fine & Alter, 1996). The roles that they have been ‘allowed’ into, as carers and care-takers (De la Rey &

Eagle, 1997), have come about through many complex processes, yet they are central as “... primary care-takers, transmitting the norms and expectations of society and providing the foundations for personality development” (p 163). This could provide a suitable explanation, incorporating an awareness of how, class, gender and cultural aspects may have positioned black women in South Africa as having progressed further in their considerations of how relationships inside an ethos of caring are constructed. The factors pertaining to the importance of relationship, and *relatedness* in Xhosa community (for example, Bühman, 1981; Berg, 1998) and the consideration that Xhosa women are the holders of De Vos’ (1998) proposal of a collective empathy allied to *ubuntu*, provides substantiation for Xhosa women being more able to exhibit an ethic of care.

In terms of the variable race, blacks scored significantly higher than whites when all the dilemmas are put together (see table 3.2). This means that the significantly higher scores of blacks on *all* the dilemmas *combined* were due to their scores on the dilemmas presented under hypnosis, since the ethnic groups were not significantly different in terms of their responses to the conscious dilemmas when males and females were combined. As this finding was largely due to the fact that black females scored quite significantly higher than white females in the hypnotic administration of the ECI, the role of the variable interview type, across race, needs to be considered.

Black females scored significantly higher than white females on the unconscious administration of the ECI (see table 3.2). As noted earlier, Skoe (1998) reports that women may have a stronger tendency than men to focus on issues that are relational in nature, yet this tendency shows itself in contexts where an individual is “...allow[ed]... to respond more freely and spontaneously...” (p 157). Therefore, it may follow that because black women responded more favourably to the hypnosis process, and simultaneously felt more comfortable, relaxed and open, they were able to focus more on issues of personal concern. However, it should be considered that this particular

group also scored higher than white females for the conscious type interview. The factors involved in these findings have been reviewed on the previous page.

Across race, interesting differences can be found that are in parallel to De Vos and Goulding's (1997) proposal of unconscious collective processes. Cultural practices pertaining to the power of beliefs (Mkhize, 1998) and trance could be considered, and Somé (1998) provides a suitable review of relevant culturally indigenous practices that could shed light on susceptibility to relaxation and hypnosis. Trance-like states certainly are more part of traditional black African culture than white in South Africa, as evidenced from a perusal of Somé's (1998) work. A substantive body of work attests to the importance of ritual, trance, togetherness, and connectedness with ancestors in African, and indeed Xhosa culture (Berg, 1998; Bodibe & Sodi, 1997; Bührman, 1981, 1982b, 1987, 1989, 1998; Saayman, 1998).

How the factors of trance, ritual and personhood through collective identity would interact with the individual's subjective identity of young Xhosa, would be an interesting topic for future study, as considerations of ancestry and traditional beliefs need to be included in research on African moral development. This difference between black females and white females could also be due to the core aspects of the hypnosis process (as delineated by Camino, Gibernau, and Araoz; 1999) being experienced in a different way by individuals from the different groups. Furthermore, the pragmatic considerations (Smaling, 1992a) discussed earlier in this study, of using hypnosis to administer the ECI, will have a uniquely moderating effect on each participants experience of responding to the ECI under hypnosis.

The null hypothesis of no significant differences between the conscious and unconscious scores, was also confirmed for the sample group as a whole. However, 26.9 percent (see table 3.2) of the sample scored on the highest two levels of the ECI when under hypnosis, as opposed to 19.2 percent (see

table 3.2) who scored at the same level in the conscious interviews. A possible explanation for this could be that the two participants in the sample who previously showed conventions of goodness in their responses, felt more relaxed and freer to begin to reappraise their own understanding of relationships and how to respond to issues that arise, and thus positioned themselves more in the transitional level, 2.5, of the ECI. Perhaps, as suggested earlier in this study, a more clear understanding of the relationship between hypnotic features and moral development, in terms of the ECI, would be instructive. A further explanation for this would be that black female subjects were more able to reflect their “organismic empathic wisdom” (De Vos, 1995, p 2). This is interestingly borne out by the fact that it was black participants who evinced this increase.

What is of interest is that there may be a link between an individual’s own unconscious processes, and the developmental stage at which they make decisions that affect both self and other. Merkur (2001), believes that unconscious processes come into play when an individual is in an altered state, and these will interact in both the interpersonal context, and in situations involving empathic moral reasoning (De Vos & Goulding, 1997). Joseph (1992) states that there is a strong need for individuals to become more aware of their own unconscious processes in situations of decision-making. Whether the use of hypnosis can be used to harness the relating, caring faculty of young people, to a greater extent, should be considered. If the view of some theorists is followed, the greater number of higher-level responses (level 2.5 and 3) could be a reflection of a deep desire for connectedness, in the aftermath of what have been troubled times in a very troubled region. Somé (1998) presents the philosophy, similar to the work of Jung (1964), behind this possibility:

There is a longing for a connection to a sense of purpose and meaning in life that can maintain self-esteem, a desire for a deeper connection to the natural world that we are all part of, and a desire for an intimate connection with other people. (p 312)

The possible relationship between the ECI level that an individual will score at, and the 'longing for connection' that the author above refers to, cannot be discounted in the light of previous work discussed in chapter 2.11. Yet, further investigation of these concepts, and their relation to moral and identity development, is paramount.

As could have been expected from both international research (Skoe & Diessner, 1994; Skoe & Gooden, 1993) as well as the theoretical evidence relating to the effects of apartheid on gender, females provided more dilemmas of a relational nature than did men, when they were asked to generate a dilemma from their own personal experience. Men provided more dilemmas of a non-relational nature than did women. Considering the spheres of experience and how males have been nurtured into role expectancies (Foster, 1991), it is understandable that males may provide less dilemmas of a relational nature than females.

In summary then, in contrast to Norwegian and North American samples, South African late adolescents in this sample have been found to use the lowest levels (1 and 1.5) to the same approximate frequency that participants from these samples use the highest two levels (2.5 and 3) of the ECI. Many indicators for this trend can be found in the influences of the apartheid system. Similarly to other studies described by Skoe (1998), no significant difference was found between males and females in the study, and females provided more dilemmas of a relational nature than did men. Furthermore, due to the high levels attained by black females, especially in their responses to the dilemmas under hypnosis, a significant difference was found between blacks and whites. While slight increases across the sample were found for the interviews done under hypnosis, this difference was not found to be significant.

It is worth reiterating that the shortage of research regarding how adolescents have adapted to change in the present context makes it difficult to substantiate these findings satisfactorily by means of extended empirical research findings. This shortcoming has necessitated a reliance on much

theoretical substantiation for these results. However, several other findings mentioned earlier in this study deserve recognition, as they do provide support for these results. Finchilescu and Dawes (1998) in examining a large sample of adolescent's socio-political orientations in South Africa, suggest that the perceptions young South African's have of an uncertain future may decrease the extent to which they are able to envisage a secure and safe future for themselves. Tudin, Straker and Mendelsohn (1994), in their study stress that self-preoccupation with protecting the self and attempts to feel safe will be central aspects of adolescents' moral development. Lastly, Campbell's (1995b) findings that South African young women have much higher levels of concern for relationships and issues inside the home, as opposed to young men who are more concerned with issues outside the home of a more non-relational nature.

There is a considerable shortage of context-related information assessing the relationship between different variables such as gender, race, culture, class, educational levels and practices, and moral development in the South African context. From the results of this study, the variables of gender and race, in particular, appear to be very important in understanding patterns of "growth and change" (Skoe, 1998, p. 156) in moral development. In terms of the primary goal of this study, it appears that the post-adolescents in this sample are struggling to assume a code of ethics that is based on care for self and the other. However, black Xhosa females in this sample may have a more developed ethic of care, on both a conscious and unconscious level. The findings suggested here, of a significant difference between blacks and whites (total groups) on the application of the ECI are due to the scores of black females. The predisposition to be moral, in terms of an ethic of care, appears much stronger, at least in this sample, amongst black females. This gives much hope for Africa.

7.2 Shortcomings of this study

Several shortcomings in the design, procedure and theoretical underpinnings of this study need to be considered in the light of the results gathered here. The first of these is the size of the sample. The small sample size places a serious limitation on the generalisability across both gender and race. A further result of the small sample size will be its effect on the reliability of the instrument in the South African context. The high reliability coefficients found may well be a result of the small sample size under study. A possible shortcoming of the research design of this study is the attempt to include three variables in an exploration of the ethic of care. This has perhaps served to minimise the identification of specific factors relating to each of these three variables, in relation to their effect on moral development. Perhaps the groundwork for future study may be more practically served by reducing the variables under investigation to one. Furthermore, the limited resources available for the present work may have been more useful in the context of a single variable study.

A further important shortcoming is the lack of research into specific contextual aspects of identity development in South Africa. Specific work, such as Dawes (1994) study on the effects of political violence on socio-moral reasoning and conduct, needs to be extended, in order to understand more clearly the interaction between culture and context on development.

The relative shortage of quantifiable findings into the effects of the factors used to orientate an understanding of how the sample in the present study may perform on the ECI, is a further shortcoming of this study. Due to the lack of a contextually verifiable framework for understanding the identity development of youth in this country, the construction and presentation of this present work is perhaps lacking in rigidity.

Other issues related to the shortcomings in this study will be discussed in the handling of future directions for research, later in this study.

7.3 Dynamic Process Factor Model

In understanding how individuals exhibit a capacity for a care ethic in tending to self and the other, this author proposes a simple model to illustrate the factors involved in the developed ability an individual may or may not have to make decisions from an orientation of care. Several issues should be highlighted in this regard. In the South African context, the connection between these variables used here and the ethic of care is almost entirely unsubstantiated in research. Many of these constructs and the relationship they may or may not have with Gilligan's care orientation is largely proposed on the basis of this body of work as well as a review of relevant research, both South African and international. Thus investigation is needed into these individual factors.

The value of this model, in view of the present author, lies in its attempt to make the care orientation more accessible in terms of its usefulness, both as a retrospective tool for understanding the effects of apartheid on South Africans, and as a reconstructive tool for initial attempts at a greater incorporation of the care orientation in South African society. Themes related to an ethic of care are identified, and placed on a continuum as factors which may influence the hypothetical formation of an individual's predisposition towards a care oriented method of resolving issues of self and other.

The factors identified in chapter two, as well as others garnered from a review of psychological theory and apartheid have been conceptualised as either 'pulling' an individual away from a care orientation or 'pushing' that same individual towards a care orientation in his/her process of development. Gilligan's (1982) criteria for what constitutes a position taken, in terms of the care orientation, is used. Thus a level one position would entail a concern for survival or care for self, while a level three position would entail a concern or care for self and others.

This is not to claim that an individual would exclusively respond from one position, as this would be to ignore all personal and contextual factors influencing identity. This model is merely an attempt to begin to hypothesise how apartheid may have influenced the degree to which a person exhibits a care orientation. What is of special relevance here is that it appears as if a person's ethnological identity would have predisposed them to be exposed to these factors in different ways. For some participants in this study, certain of these factors would be irrelevant to their own development, while for others a particular factor could have been central.

The model will be called a dynamic process model, in that the basic assumption of this study, underlying the process of identity development and indeed, moral development, is that identity can be open to effect by many different variables at different times. Thus the process is dynamic and open to shifts, changes, growth and development.

Some of the factors, which have not been made light of in this study, will be briefly discussed here. Following this, these factors will be presented in diagrammatic form as simple themes. What should be borne in mind is that the policy of apartheid was a policy of institutionalised separateness, designed with a lack of connectedness in mind. Social and physical intercourse was dictated by the state, as were all levels of needs of individuals. This resulted in divisions between cultures, communities and families in a context of fear.

In many South African 'traditional' cultures, an issue that may be viewed as impersonal or non-relational by some individuals from other more 'westernised' cultures, may be interpreted, discussed, and acted upon in a relational, care-orientated manner, with little difference in gender (personal communication, K. Kgamadi, 15 April 2000). Cross-cultural differences in the way individuals think about moral issues may originate from the different ways in which different

cultural groups explain reality (Mkhize, 1998). The question of traditional versus westernised construction of meaning thus arises.

According to Skoe (1998), several theorists have proposed that women value the continuance of relationships more than men, as a result of the interaction between the sex roles assigned to them as women and the role prescriptions informed by cultural norms. The role of care-giver to the young child has, especially in the South African context, most often been fulfilled by women. Within the Xhosa culture, it is either the mother or the grandmother who has traditionally been exclusively responsible for the upbringing of the child. This was especially so, as many men had to (and still do) travel long distances in order to find work (Sadie, 1995). This has left many women as the *de facto* heads of their households (Burman & Reynolds, 1986; Sadie, 1995). This must have influenced the children who have grown up in these conditions, to learn that care is the role of women.

An offshoot of the apartheid government's policy of Group Areas, and the use of black labour as an inexhaustible reservoir of unskilled and casual labour, was to separate millions of men from their families. As noted by Mandela (Russell, 1989), this served to extend the responsibility of many women in South Africa:

The woman has had to forego the old cultural cobwebs of a woman belonging in the kitchen. This has been imposed by the domineering Afrikaner race themselves since the days of colonialism. When they removed our husbands and our fathers from the rural areas to work on the mines, when they imposed their migratory labour system, they changed the pattern of life of [South African] society. Suddenly the black woman found herself acting as head of her family. As well as raising [and caring for] her family, she had to look after the cattle and till the land. We transcend sexism because we are not given the opportunity to feel that we are women. (p 126)

A further issue that should be thought about is the imposition of sanctions on South Africa, during the apartheid era, by other countries in reaction to the nationalist government policies. This could have contributed as a reinforcement of the sense of isolation experienced by many.

In the context of this study, power should be understood as the ability to do, to choose and consequently, to follow through on one's choice. During the apartheid era, many individuals were inhibited from exercising their personal sense of power as the legislature was designed in ways to disempower. Loosely translated, the word apartheid means 'separate development'. The most positive interpretation of this term would be that people have different needs, and therefore they require different circumstances. The flaw in this, however, is the disconnectedness between people that flows as a natural consequence of separating population groups. A lack of responsibility is a legacy of disempowerment. If one cannot make decisions that are beneficial for oneself, as a consequence, one is not able to make decisions that are beneficial to others.

This does not allow for the third level of the Ethic of Care, which is to foster real caring, both for the self and the other, as it led to the deprivation of one, to the promotion of the other. This also extended to the demonisation of the 'other'. Historians have since referred to a 'laager mentality', an analogy going back to the turn of the 20th century, when the ox-wagons that were used by 'Boer' farmers were drawn together into a protective circle. This can be seen in the formation of a right-wing white fascist movement, the *Ossewa-Brandwag*, or translated literally, the ox-wagon sentinels (O' Meara, 1996, p 40). The goal of this was to make sure that all who were inside the circle remained safely inside, and all else was kept out. This analogy has often been used to describe the political processes of the Nationalist government.

Thus, for the purposes of thinking about moral development, gender and race, and other contributing variables in the South African context, consideration should be given to the following themes and the ways in which they may affect development as shown by positioning on the ECI.

Push Factors

Isolation (from the other)
 Disconnectedness (absent fathers, mixed marriages act)
 Disempowerment
 Suffering, personal distress
 Irresponsible use of power
 Anger / Rage / Fear / Hate
 Depersonalisation
 Gender violence
 Humiliation
 Racism
 Patriarchy
 Militarism
 Paranoia, Conspiracy ideology
 Dishonesty
 Propaganda
 Alienation
 Unemployment
 Exposure to violence
 Authoritarianism
 Trauma, political change

Pull Factors

Interconnectedness
 Inter-relatedness
 Sense of responsibility
 Ability to make decisions based
 on care for self and other
 Honesty
 Firm attachment
 Empathy
 Environmental stability
 Empowerment
 Access to resources
 Education
 Employment
 Basic amenities
 Health
 Economic agency

Some of these variables may be found in the extensive work of Skoe (1995,1998), Skoe and Diessner (1994), Skoe and Gooden (1993), Skoe and Marcia (1991), Skoe and Nickerson (1997), Skoe *et al.*(1996), and Skoe and von der Lippe (1998), in the field of identity and the ethic of care in particular, however, these factors still deserve recognition in this context. What is clear is that these will interact with gender, race and indeed many other aspects of the developing ego identity.

Indeed, Snarey (in Skoe, 1998) notes that there are many kinds of core life experiences “behind gender” (p 158) that should be considered in looking at patterns in development.

7.4 Hypnosis: Possible effects on response quality

What should be borne in mind in considering the results gathered from the participants under hypnosis is that there have been various processes influencing these results which are, by their very nature, difficult to control for. Barber (2000) makes mention of these behaviour-determining factors, which merit mention here.

The first of these concerns social factors that may have influenced a subject to co-operate in a certain manner in order to realise the aims of the researcher. Without pressing too deeply into this topic, to speculate as to the exact nature and quality of any such hypothetical factors would prove fruitless. Suffice it to say that several variables (Barber, 2000) related to the *cultural* unconscious (Adams, 1996, 2001; De Vos, 1995) may have influenced the application of the ECI under hypnosis. Secondly, the personal characteristics of the researcher-hypnotist will influence each subject in a unique way, which in turn may shape responses gathered. Thirdly, the effectiveness of the induction procedure is contingent on the personal variables of the client. Finally, the depth and nature of meaning taken from the posited dilemmas will differ from individual to individual. For one person a particular dilemma will hold much meaning of perhaps an almost visceral quality, while for another subject that same dilemma may have very little meaning (Barber, 2000).

While the direction and extent of these influences on the responses given is difficult to gauge effectively, it is still of primary importance that their presence and mediating potential is acknowledged.

7.5 Ethic of care and moral education: related issues

An element that must be considered is the possible role that moral education can play in the development of a care ethic in the South African context. Many different types of moral education have been proposed by a variety of authors, and the potentials thereof may vary due to context and variables considered. However, as is recognised by the work of Archer (1994), many different types of interventions can be taken to optimise adolescent identity development. A core aspect of this would be the development of the moral, and indeed, an ethic of care. Mention will be made of these different approaches, culminating in a consideration of the characteristics of an identity-enhancing curriculum for adolescents. Skoe (1998) makes the call for moral education in societies, with children. The present author strongly condones this call, with reference to the context of this study.

A contribution especially relevant to the South African context is that of Bureau (1991), who calls for education geared towards making women conscious of the moral voice that they possess. Education in terms of taking healthy responsibility for one's self and others needs to be geared towards disempowered and uneducated women in South Africa, who have traditionally been undermined in terms of their ability to take responsibility for themselves. This view is supported by the work of Schwartz-Shea and Burrington (1990) in the Seneca women's camp. Institutions such as the *African Gender Institute* (Robertson, 1999) should be supported, both in terms of policy and resources. Whether the ethic of care can effectively be implemented in terms of social policy has, however, been questioned (Dietz, 1985). Yet, as noted by Higgins (1989) in her work in the Bronx area of the United States of America, a core component necessary for the use of a care orientation may be justice. While South Africa can be said to at last be in possession of egalitarian legislation, the levels of crime are exceedingly high (Swartz, 1998). Thus, how much justice can be said to be actually occurring, is subject to dispute. What is important to consider however, is that for the perspective of the care orientation, justice should be restorative by nature. Thus, as opposed an

urgent imperative to follow the correct moral principles, Barton and van den Broek (1999) provide a case for the use of restorative justice conferencing, an approach geared towards the sustaining of relationships.

Berkowitz and Grych (1998) provide a comprehensive overview of how parents influence the moral development of the child. As noted by these authors, while much research has gone into teaching parents how to stop certain undesirable behaviours in children, very little work has been done to assist parents in fostering moral qualities in their children. As far as this researcher is aware, the same applies to the parents' role in fostering an ethic of care in their children. However, the nature of a caring, responsible and connected relationship between a parent and child may contain characteristics of an ethic of care. Previous studies indicate that interventions with parents may change parental behaviour, especially that which influences moral development (Berkowitz & Grych, 1998). However in the view of this author, this would need to be done in a culture-sensitive manner, with an awareness of how factors such as poverty may play an inhibitory function in terms of the goals of such a programme. This re-iterates the call made by Skoe (1998) for investigation into how family and parenting styles may influence the development of a care orientation.

Following on the work of Marcia in the field of identity formation, Dreyer (1994) suggests ways of concretely applying the predominant theories of identity formation in a set of guidelines that can be used in the formulation of an education curriculum that is geared toward the development of each young person. Dreyer's four guidelines will be presented as they are well-founded on available research and could be incorporated as possible theoretical points of departure for the South African context. That is to state that a programme geared towards the encouragement of an ethic of care as part of individual development could be based on these guidelines.

- An identity-enhancing curriculum should promote exploration, responsible choice and self-determination amongst learners.
- An identity-enhancing curriculum should promote role-playing and opportunities for social interaction across generations.
- An identity-enhancing curriculum should encourage each learner's understanding of time, and of how what has happened in the past, is related to the present.
- An identity-enhancing curriculum creates an environment geared towards increased self-acceptance and positive feedback from educators.

Extensive work would be required in order to understand adequately the most productive manner in which to operationalise these guidelines in the diasporic contexts within the greater South Africa. Earlier in this work this author alluded to attempts to recognise the shortcomings of the previous education system and the possible impact this may have had on the identity of youth. In an article entitled '*Cultivating rights with responsibilities*', Ramsden (1997) considers the most pertinent aspects of the new educational curriculum for South Africa. These must be considered in the light of the above for the purposes of recognising the role that a greater ethic of care can fulfil. The first five 'specific outcomes' are taken directly from the work of Ramsden (1997), and refer to the manner in which rights and responsibilities can be cultivated in the school-context:

1. Understand and accept themselves as unique and worthwhile human beings.
2. Use skills and display attitudes and values that improve relationships in family, group and community.
3. Respect the right of people to hold personal beliefs and values.
4. Demonstrate values and respect for human rights as reflected in Ubuntu and other similar philosophies.
5. Practice acquired life and decision-making skills. (pp 25-26)

As noted by the author, these are the core values that are to be cultivated. What remains, is the utilisation of creative methods and frames for teaching these aspects. It is the view of this author that the ethic of care can be useful in this regard.

Swartz (1998), in referring to the HIV/AIDS epidemic that is perhaps the central concern for mental health professionals at present in South Africa, makes the crucial point that the epidemic is incurable, and that the only way mental health professionals can have an effect on the HIV/AIDS situation, is by changing people's behaviour. Greene, Frey and Derlega (2002) note that perhaps the site where many of the most pressing effects are felt by those living with HIV are personal and social relationships. This is also where interventions need to be focused. The ethic of care deserves consideration, both in terms of an ethic to instill regarding sexual responsibility and care for self and other, and as a more useful and compassionate attitude with which to approach those who are infected with the virus, or who are already ill. Newspaper reports are rife of people being judged and discriminated against on the basis of their HIV status, and it is the view of this researcher that medical and mental health professionals need to practice considerable care for patients, from a position of care, as opposed to stigmatisation.

In a context where mental health professionals often see clients who are of a different language or cultural group, the caring approach is also of vital importance. At present there are far too few non-white psychologists in South Africa, (Seedat & Nell, 1992), for instance. This necessitates an incorporation of the caring ethic into working models of psychotherapy, as the experience of previous interactions with persons of another colour during apartheid, may have deeply affected the expectations that a client may have of a therapist who is from a different ethnological group.

In discussing the impact of authoritarianism during apartheid on the nature and quality of health care, and particularly psychological health care, available to most South Africans, Seedat and Nell

(1992) refer to the crucial changes that need to be implemented. Amongst these is the need for psychologists to enable individuals, communities and families to begin to take responsibility for their own wellbeing, and development. Inherent in this aim is a breaking-down of a health-care system that has been authoritarian and disempowering in nature (Seedat & Nell, 1992). At the centre of this process, one of responsibility for self and well being of self and other, the ethic of care as a transformative principal, and practice, needs to be considered. Pillay and Peterson (1996) present more evidence of the need for re-evaluation and policy change in the ethos and practice of psychological care that exists in South Africa. The danger of not building a psychological care system that is inclusive and based on equity is, according to the same authors, that psychology may become a “white elephant” of the apartheid system (Pillay & Peterson, 1996, p 79). Furthermore, the importance of traditional healers (Senekal & Stevens, 1996) in South Africa is indicative of the need for the mental-health profession to begin to work together with more community-based healing agents.

Perhaps Swartz (1991) is instructive in considering the role psychological care can play in South Africa, if policy can be made reflective of a move towards greater and more honest care for self and the other:

We need to allow our patients to be both similar to and different from one another, and to accept that both views of patients are ideologically constructed, carry their own baggage, and may, paradoxically, be different aspects of the same whole...Mental health care contains within it both the promise of personal and collective liberation and the inevitability of social reproduction. (p 245)

While this view was expressed just over ten years ago, the responsibility for care, for an awareness of the needs of others, is of great importance to policy and practice in this country.

7.6 Self-awareness, ritual and the ethic of care

A resource that could be harnessed in the facilitation of a stronger care ethic in both community and the individual is the power of ritual. As noted by Robertson (1999), ritual is a predominant characteristic of many group practices in South Africa today, an observation echoed by Bühman (1981), who examined Xhosa healing practices in the 1970's and 1980's (Bühman, 1978, 1981, 1982a, 1982b, 1984, 1987). As mentioned earlier in this study, another unfortunate part of individual experience in this country has been trauma, a result of which can be the changing of both the processes of receptivity and correct intention, in an individual (Cumes, 1998). The same author notes that these two processes are integral to the optimisation of both self-awareness and the identification of self as an agent of change. In these terms, trauma can then be alleviated through greater self-awareness, a view echoed by Robertson (1999). Although somewhat utopian in ideal, an individual or community that is more self-sufficient, has a greater self-esteem, and is more aware of its own needs and effects, is more able to be caring in the ethical position that may be taken.

Somé (1998), in a comprehensive treatise on the healing processes in Africa, notes that ritual plays the role of connecting a community or group with itself, and provides the context for healing for an individual. The presence of a care ethic appears integral to the nature of the ritualistic procedure as described by Somé. While not termed in the same language, the ritual process and the ethic of care reveals interesting similarities. The potential of ritual should be utilised to increase an awareness of the ethic of care. In the words of Somé:

...the practice of ritual fosters a splendid openness of people toward one another and a sense of intimate connection with the whole group. The modern world, as we have seen, inhibits the expression of people's true nature, so ritual will help awaken peoples hidden capabilities... it is only by inserting the self in the repeated practice of ritual that one gives these gifts the room to emerge. Until this dormancy is awakened, the

person remains incomplete, unavailable and incapable of fully blossoming. Ritual, in the context of awakening the dormant and unexpressed parts of a person, is aimed directly at the individual's psyche, it is a language of invocation, inviting the inner self to come out. For the inner self to show itself in the individual, it must be invoked over and over and over until it does. (p 298)

Psychological research could begin to re-appraise the potential of ritual in the South African context, both as a tool for healing, and a means of re-acquainting individuals and communities scarred by an ideology of separateness.

In exploring the context in which ritual can occur, Somé (1998) states that a ritual process can be initiated in any type of group. Examples of particular relevance to this context would be church groups, clubs, sports teams, young offender support groups and student societies. An important variable however, would be the commitment an individual has towards his or her group. Instilling productive ritual practices into the group would entail the maximization of resources already in the group. Naturally caring individuals would be identified as facilitators of the group in order to provide a space where esteem for both self and the other can be reset. Somé (1998) refers to the importance of ritual as a concrete tool for beginning to relate better to one another and to support one another. The author also makes reference to the specific power of ritual as a practice which cements the bonds between individuals and community, whilst at the same time strengthening both individual and group identity.

In a context where financial resources are limited and the latent presence of ritual practice is strong, ritual is already being used as a means of dealing with interpersonal friction through increasing both care for self and the other. This is evident in the work of the Ecotherapy Institute of South Africa, a division of the National Peace Accord Trust (Robertson, 1999).

7.7 An African model for morality

In his study on whether there is a specific ‘moral voice’ emanating from the African worldview, Mkhize (1998) expands the call for research in the field of the ‘moral’ to be done in other cultural settings, a necessity proposed by Skoe (1998). How this ‘voice’ interacts with the care orientation identified by Gilligan is of further interest to this researcher. However, the present author does not believe that it is sufficient to posit that moral positions taken up in the South African context will be wholly different to European constructions of the ethic of care. As referred to earlier in this study, the themes of connectedness and relatedness are common to the ethic of care as well as context-bound practices in South Africa. This is borne out in the work of Kasenene (in Mkhize, 1998), who notes the importance of one’s responsibilities to others, and the duties of caring, helping and protecting that can be assumed. In this vein, sharing, kindness and a spirit of generosity can be considered as basic values in African ethical practice.

7.8 Directions for future research

It is with the above limitations, theoretical and philosophical underpinnings as well as observances in mind, that the following recommendations for future studies - with specific relevance to the South African context - are made:

For the purposes of cross-context comparison, the ECI needs to be administered across larger samples of a more homogenous nature. This may give a more adequate representation of the generalisability of the results gathered, as well as possible substantiation for the reliability and validity of the measure for use in South Africa.

Each of the variables considered in the present study should be investigated individually in South Africa using the ECI. Therefore the care orientation could be examined across, importantly, gender, or across race boundaries or cultural groupings. For example, male urban Xhosa University students could be compared to female urban Xhosa University students using the ECI.

Further investigation is needed into traditional African construals of self. This author is in concurrence with the opinion of Mkhize (1998) that, in order to study moral development in Southern Africa, research is needed into context-related ideas of personhood and the relations these may have with moral identity.

Another question to be explored is what role traditional African conceptions of family, community and ancestry play interact in shaping the ways in which Xhosa South Africans position themselves in relation to the other.

The question of whether such a thing as an African moral voice exists, requires investigation. What would be instructive in this regard would be an attempt to construct a cohesive and coherent model of an African moral voice (Mkhize, 1998).

The construction of an intervention geared towards parental behaviors that encourage moral development, needs to be formulated. Within the South African context, parental factors that encourage a child to operationalise a view of self and other as interdependent should be considered.

Study could be directed at organisations that utilise the practice of ritual to engender a culture of care in marginalised groups, and other individuals who have been exposed to trauma. The purpose of such work would be to optimise existing resources.

An exploration of how Dreyer's (1994) characteristics of an identity-enhancing curriculum can be utilised or adapted for the South African context from a care perspective, would be of use in the prevailing restructuring of the South African education system.

A recent study using the ECI in Norway (Skoe, Kristensen, Martinussen, Moe & Sunde; in Skoe, 1998) found that the ethic of care was positively correlated with emotional adjustment and emotional stability. In a context such as South Africa, with very high levels of trauma and huge political change, the investigation of the influence of these two variables could prove valuable.

Skoe and Marcia (1991) in a study of young female university students between the ages of 17 and 26, found that care was related to ego identity. In South Africa, study should be directed at assessing how ego identity has developed as a result of apartheid, and what kind of relationship this may have with the care orientation.

In considering the lack of difference found in the sample across gender, future research should investigate the ECI amongst an older sample, where possible differences in stages of development due to the differential effects of culture and gendered processes related to apartheid may be found. This would be of interest if considered in the light of similar studies (Skoe *et al.*, 1996), where hypothesised gender differences on the ECI were found. This could be done in concert with cross-sectional and longitudinal studies, to evaluate the stability of the levels at which South Africans use the care ethic.

The relationship of the ECI to other developmental measures, as well as the relationship between moral reasoning and the types of actual moral action embarked on by individuals in South Africa, should be investigated to gain a clearer understanding of the results gathered here, and the results of future studies.

Swartz (1998) provides evidence for the extensive challenges facing mental-health professionals in this country, in dealing with issues around primary health-care, trauma and mental health. This provides an important context in which to investigate the care ethic and its relation to the holistic well being of different segments of this population, in terms of individuals' ability to look after themselves.

The parallels between indigenous healing techniques practiced in communities and individuals with the ethic of care, provide interesting comparison, and deserve exploration.

8. **Conclusion**

This study has attempted to provide a point of inception to the extensive need that exists for research into patterns and correlates of moral development in South Africa. The Ethic of Care Interview has revealed, that amongst this sample at least, young South Africans are struggling to assume moral identities that are based on a deeper concern for the well being of self and the other. It has been proposed in this study that the levels of care assumed by late adolescents have been influenced by a myriad of socio-historical, cultural and gendered effects, linked to the policy of Apartheid. At the very least, substantiation for this complex relationship has been provided, but extensive further research is necessary. The possibility of a relationship between a culturally-unconscious reliance on empathy as a function of traditional Xhosa belief, and Xhosa women as significantly more 'able' to adopt an ethos of care, holds interesting implications for moral development in South Africa.

A vital focus of this study has been to introduce the caring orientation to the South African context. Swartz (1998, p 180), in calling for ways of dealing with the impact of apartheid, states that: "Ways of intervening in the psychology of oppression, similarly, have to do with building constructive

identities through work and social action, and not with the curing of symptoms and illnesses". The caring ethic is undoubtedly an ethos that has the potential to constructively, and sensitively, enable individuals' own growth, and the growth of their communities. Thus the suggestions outlined above, to break the crises of separation, through an incorporation of self and other, need to be put into practice. Resources should be directed into examining the practical and applied value of the ethic of care, to realise its value in South Africa.

I end this study with a comment made by Gill Straker (1992). For this author, it captures both the potential and the need for an ethic of care. While written ten years ago, what she is describing has perhaps become an even more vital need in South Africa at the present time:

In the final analysis, it will be the degree to which proper nurturance and care for all South African children is provided, and the degree to which they are socialized toward tolerance, that will determine the extent to which South African youth can be transformed from faces in a revolution to whole persons in a peaceful world. (Straker, Moosa, Becker & Nkwale, 1992, p142)

9. **References**

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Addendum A: Prospective Participant Information Sheet

ETHIC OF CARE INTERVIEW RESEARCH PROJECT

Prospective Participant Particulars: Confidential

Biographical Details

Name:

Date of Birth:

Place of Birth:

Sex:

Health:

Home Language:

Other Languages:

Adress:

Postal Adress: (if other)

Telephone number:

E-mail:

Relevant Educational Details

Present course of study:

Tertiary Institution:

Year of Study:

Other

Are you a resident of the Western Cape? Yes/No

Will you be in the Western Cape until 01/08/2001? Yes/No

Have you ever, to your knowledge, been put under hypnosis? If so, could you provide details.

Would you be interested in taking part in a study that will include the possibility of you being put under hypnosis?

Any further information that you think may be of relevance:

Thank you for co-operation. I shall be contacting you in around one week time.

Ben Truter

Addendum B: Letter of Consent

ETHIC OF CARE INTERVIEW RESEARCH PROJECT

Letter of Consent

I,, hereby
Full name of participant

acknowledge that I have been fully informed as to the nature of this study.

I am aware that I may be asked to provide information that I would
consider personal in nature. Furthermore, I understand that I am entitled to withdraw from this study at
any time, free of obligation or prejudice.

In taking part in this study, I give permission to Ben Truter to use all data gathered, through my
participation in the study, solely for the purposes of presentation and publication.

.....
Signature of Participant

.....
Date

Addendum C: Dilemmas in the Ethic of Care Interview (ECI)

The Lisa dilemma:

Lisa is a successful teacher in her late twenties who has always supported herself. Her life has been centred on her work and she has been offered a permanent position for next year. Recently she has been involved in an intense love affair with a married man and now finds that she is pregnant.

What do you think Lisa should do? Why?

The Derek dilemma:

Derek is a married, successful teacher in his late twenties. His life has been centred on his work and he has been offered a permanent position for next year. Recently, he has been involved in an intense love affair with a single woman who has just told him that she's pregnant and that it is his child.

What do you think Derek should do? Why?

The Betty dilemma:

Betty, in her late thirties, has been married to Erik for several years. They have two children, 8 and 10 years old. Throughout the marriage Betty has been at home, looking after the house and the children. For the last few years Betty has felt increasingly unhappy in the marriage relationship. She finds her husband demanding, self-centred and insensitive as well as uninterested in her needs and feelings. Betty has several times tried to communicate her unhappiness and frustration to her husband, but he continually ignores and rejects her attempts. Betty has become very attracted to another man, Steven, a single teacher. Recently, Steven has asked Betty for a more intimate, committed relationship.

What do you think Betty should do? Why?

The Erik dilemma:

Erik, in his late thirties, has been married to Betty for several years. They have two children, 8 and 10 years old. Throughout the marriage Betty has been at home, looking after the house and the children. For the last few years, Erik has felt increasingly unhappy in the marriage relationship. He finds his wife demanding, self-centred and insensitive as well as uninterested in his needs and feelings. Erik has several times tried to communicate his unhappiness and frustration to his wife, but she continually ignores and rejects his attempts. Erik has become

very attracted to another woman, Carol, a single teacher. Recently, Carol has asked Erik for a more intimate, committed relationship.

What do you think Eric should do? Why.

The Kristine Dilemma:

Kristine, a 26 year old woman, has decided to live on her own after having shared an apartment with a girlfriend for the last three years. She finds that she is much happier living alone as she now has more privacy and independence and gets more work and studying done. One day her mother, whom she has not seen for a long while as they do not get along too well, arrives at the doorstep with two large suitcases, saying that she is lonely and wants to live with Kristine

What do you think Kristine should do? Why?

The Chris Dilemma:

Chris, a 26 year old man, has decided to live on his own after having shared an apartment with a friend for the last three years. He finds that he is much happier living alone, as he now has more privacy and independence and gets work and studying done. One day his father, whom he has not seen for a long while as they do not get along too well, arrives at the door step with two large suit cases, saying that he is lonely and wants to live with Chris.

What do you think Chris should do? Why?

Addendum D: Descriptive results showing the different scores obtained on each individual dilemma by different gender- and ethnic groups.

GROUP	Dilemma	N	Minimum	Maximum	Mean	Std. Deviation
Black Female	CD1	6	2.0	5.0	4.125	1.115
	CD2	6	2.0	6.0	4.667	1.506
	CD3	6	3.0	6.0	4.625	1.022
	CD4	6	3.5	5.5	4.458	.900
	UD1	6	2.0	6.0	4.542	1.453
	UD2	6	2.5	5.0	4.583	1.021
	UD3	6	2.0	6.0	4.792	1.520
	UD4	6	3.0	6.0	4.750	1.255
	CD TOTAL	6	10.5	22.3	17.875	4.321
	UD TOTAL	6	9.5	22.8	18.667	4.959
Black Male	CD1	7	2.0	4.0	3.679	.746
	CD2	7	2.0	6.0	3.714	1.496
	CD3	7	2.0	5.8	3.393	1.554
	CD4	7	2.0	5.8	3.250	1.639
	UD1	7	3.5	4.0	3.929	.189
	UD2	7	2.0	5.8	4.143	1.290
	UD3	7	2.0	6.0	4.071	1.427
	UD4	7	2.0	6.0	4.214	1.350
	CD TOTAL	7	10.0	19.8	14.036	3.790
	UD TOTAL	7	12.0	19.5	16.357	2.986
White Female	CD1	7	2.0	4.0	3.143	.900
	CD2	7	2.0	4.0	2.929	.838
	CD3	7	2.0	4.0	2.929	.838
	CD4	7	2.0	4.0	2.964	.822
	UD1	7	3.0	4.0	3.429	.535
	UD2	7	2.0	4.0	2.964	.742
	UD3	7	2.0	4.0	3.107	.840
	UD4	7	2.5	4.0	3.000	.500
	CD TOTAL	7	8.0	15.0	11.964	2.917
	UD TOTAL	7	11.0	14.3	12.500	1.216
White Male	CD1	6	3.0	5.0	3.917	.917
	CD2	6	2.0	4.0	3.083	.801
	CD3	6	2.0	5.0	3.333	1.033
	CD4	6	2.0	4.8	3.292	1.145
	UD1	6	2.5	5.0	3.417	.917
	UD2	6	2.0	5.0	3.583	1.114
	UD3	6	2.0	5.0	3.917	1.021
	UD4	6	2.5	5.0	4.000	.894
	CD TOTAL	6	11.0	16.8	13.625	2.108
	UD TOTAL	6	11.5	19.0	14.917	2.672